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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI REGISTER

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SECRETARY OF STATE

ROBIN CARNAHAN

Administrative Rules Division

James C. Kirkpatrick State Information Center

600 W. Main

Jefferson City, MO 65101

(573) 751-4015

DIRECTOR

WAYLENE W. HILES

•

SUPERVISING EDITOR

BARBARA McDOUGAL

•

EDITORS

CURTIS W. TREAT

SALLY L. REID

•

PUBLISHING STAFF

WILBUR HIGHBARGER

JACQUELINE D. WHITE

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (I). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General Applicability**

EMERGENCY AMENDMENT

13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance. The division is adding section (4).

PURPOSE: This amendment will establish the Medicaid Managed Care Organizations' Reimbursement Allowance each Medicaid Managed Care Organization is required to pay for the six (6)-month period of July 2007 through December 2007 at five and ninety-nine hundredths percent (5.99%) and for the six (6)-month period January 2008 through June 2008 at five and forty-nine hundredths percent (5.49%).

EMERGENCY STATEMENT: The 93rd General Assembly reauthorized the Medicaid Managed Care Organization Reimbursement Allowance (MCORA) through June 30, 2008 by enacting sections 208.431 through 208.437, RSMo Supp. 2006. The authorization of the MCORA requires each Medicaid Managed Care Organization to pay for the privilege of engaging in the business of providing health benefit services in this state. Because of the need to preserve state revenue, Senate Bill 4 was deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and was

declared to be an emergency within the meaning of the constitution. Because Senate Bill 4 contained an emergency clause, its provisions became effective once the governor signed the bill on May 31, 2007. The Division of Medical Services finds that this emergency amendment to establish the MCORA assessment rate for state fiscal year (SFY) 2008 in regulation, as required by state statute, is necessary to preserve a compelling governmental interest of collecting state revenue to provide health care to individuals eligible for the Medicaid program and the uninsured. An early effective date is required because the emergency amendment establishes the Medicaid Managed Care Organization Reimbursement Allowance rate for SFY 2008 in order to collect this state revenue with the first Medicaid payroll for SFY 2008 to ensure access to medical services for indigent and Medicaid recipients at providers which have relied on Medicaid payments in meeting those needs. The Division of Medical Services also finds an immediate danger to public health and welfare of the approximately three hundred fifty thousand (350,000) Medicaid individuals receiving health care from the Medicaid Managed Care Organizations which requires emergency action. If this emergency amendment is not enacted, there would be significant financial instability to the Medicaid Managed Care Organizations which serve approximately three hundred fifty thousand (350,000) Medicaid recipients. This financial instability will, in turn, result in an adverse impact on the health and welfare of those Medicaid recipients in need of medical treatment. On an annual basis the MCORA raises approximately \$55,287,326. A proposed amendment which covers the same material is published in this issue of the *Missouri Register*. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri* and *United States Constitutions*. The Division of Medical Services believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2007, effective July 1, 2007, expires December 27, 2007.

(4) Medicaid MCORA Rates for SFY 2008. The Medicaid MCORA rates for SFY 2008 determined by the division, as set forth in (1)(B) above, are as follows:

(A) The Medicaid MCORA will be five and ninety-nine hundredths percent (5.99%) of the prior month Total Revenues received by each Medicaid MCO for each month of the six (6)-month period of July 2007 through December 2007, and five and forty-nine hundredths percent (5.49%) of the prior month Total Revenues received by each Medicaid MCO for each month of the six (6)-month period of January 2008 through June 2008. The Medicaid MCORA will be collected each month for SFY 2008 (July 2007 through June 2008). No Medicaid MCORA shall be collected by the Department of Social Services if the federal Centers for Medicare and Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act.

AUTHORITY: sections 208.201, RSMo 2000 and 208.431 and 208.435, RSMo Supp. [2005] 2006. Original rule filed June 1, 2005, effective Dec. 30, 2005. For intervening history please consult the *Code of State Regulations*. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 10—Nursing Home Program**

EMERGENCY AMENDMENT

13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services. The division is adding subparagraph (4)(A)1.J.

PURPOSE: This amendment outlines how the Fiscal Year 2008 trend factor will be applied to adjust per diem rates for ICF/MRs participating in the Medicaid program.

EMERGENCY STATEMENT: The Department of Social Services, Division of Medical Services by rule and regulation must define the reasonable costs, manner, extent, quantity, quality, charges and fees of medical assistance provided. For State Fiscal Year 2008, the appropriation by the General Assembly included additional funds to increase nonstate-operated ICF/MR facilities' reimbursement rates by two percent (2%). The Division of Medical Services is carrying out the General Assembly's intent by providing for a per diem increase to ICF/MR facility reimbursement rates of two percent (2%). The two percent (2%) increase is necessary to ensure that payments for ICF/MR facility per diem rates are in line with the funds appropriated for that purpose. There are a total of nine (9) nonstate-operated ICF/MR facilities currently enrolled in Missouri Medicaid, all of which will receive a two percent (2%) increase to their reimbursement rates. This emergency amendment will ensure payment for ICF/MR services to approximately eighty-nine (89) ICF/MR Missourians throughout State Fiscal Year 2008 in accordance with the appropriation authority. This emergency amendment must be implemented on a timely basis to ensure that quality ICF/MR services continue to be provided to Medicaid patients in ICF/MR facilities for State Fiscal Year 2008 in accordance with the appropriation authority. As a result, the Division of Medical Services finds an immediate danger to public health, safety and/or welfare and a compelling governmental interest, which requires emergency action. The Missouri Medical Assistance Program has a compelling government interest in providing continued cash flow for ICF/MR services. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The Division of Medical Services believes this emergency amendment is fair to all interested persons and parties under the circumstances. A proposed amendment, which covers this same material, is published in this issue of the Missouri Register. This emergency amendment was filed June 20, 2007, effective July 1, 2007, expires December 27, 2007.

(4) Prospective Reimbursement Rate Computation.

(A) Except in accordance with other provisions of this rule, the provisions of this section shall apply to all providers of ICF/MR services certified to participate in Missouri's Medicaid program.

1. ICF/MR facilities.

A. Except in accordance with other provisions of this rule, the Missouri Medical Assistance Program shall reimburse providers of these LTC services based on the individual Medicaid-recipient days of care multiplied by the Title XIX prospective per */-diem* rate less any payments collected from recipients. The Title XIX prospective per */-diem* reimbursement rate for the remainder of state Fiscal Year 1987 shall be the facility's per */-diem* reimbursement payment rate in effect on October 31, 1986, as adjusted by updating the facility's allowable base year to its 1985 fiscal year. Each facility's per */-diem* costs as reported on its Fiscal Year 1985 Title XIX cost report will be determined in accordance with the principles set forth in this rule. If a facility has not filed a 1985 fiscal year cost report, the most current cost report on file with the department will be used to set its per */-diem* rate. Facilities with less than a full twelve (12)-month 1985 fiscal year will not have their base year rates updated.

B. For state FY-88 and dates of service beginning July 1, 1987, the negotiated trend factor shall be equal to two percent (2%) to be applied in the following manner: Two percent (2%) of the average per */-diem* rate paid to both state- and nonstate-operated

ICF/MR facilities on June 1, 1987, shall be added to each facility's rate.

C. For state FY-89 and dates of service beginning January 1, 1989, the negotiated trend factor shall be equal to one percent (1%) to be applied in the following manner: One percent (1%) of the average per */-diem* rate paid to both state- and nonstate-operated ICF/MR facilities on June 1, 1988 shall be added to each facility's rate.

D. For state FY-91 and dates of service beginning July 1, 1990, the negotiated trend factor shall be equal to one percent (1%) to be applied in the following manner: One percent (1%) of the average per */-diem* rate paid to both state- and nonstate-operated ICF/MR facilities on June 1, 1990, shall be added to each facility's rate.

E. FY-96 negotiated trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning January 1, 1996, of six dollars and seven cents (\$6.07) per patient day for the negotiated trend factor. This adjustment is equal to four and six-tenths percent (4.6%) of the weighted average per */-diem* rates paid to nonstate-operated ICF/MR facilities on June 1, 1995, of one hundred and thirty-one dollars and ninety-three cents (\$131.93).

F. State FY-99 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 1998, of four dollars and forty-seven cents (\$4.47) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on June 30, 1998, of one hundred forty-eight dollars and ninety-nine cents (\$148.99).

G. State FY-2000 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 1999, of four dollars and sixty-three cents (\$4.63) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on April 30, 1999, of one hundred fifty-four dollars and forty-three cents (\$154.43). This increase shall only be used for increases for the salaries and fringe benefits for direct care staff and their immediate supervisors.

H. State FY-2001 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 2000, of four dollars and eighty-one cents (\$4.81) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on April 30, 2000, of one hundred sixty dollars and twenty-three cents (\$160.23). This increase shall only be used for increases for salaries and fringe benefits for direct care staff and their immediate supervisors.

I. State FY-2007 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase of seven percent (7%) to their per diem rates effective for dates of service billed for state fiscal year 2007. This adjustment is equal to seven percent (7%) of the per diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2006.

J. State FY-2008 trend factor. Effective for dates of service beginning July 1, 2007, all nonstate-operated ICF/MR facilities shall be granted an increase to their per diem rates of two percent (2%) for the trend factor. This adjustment is equal to two percent (2%) of the per diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2007.

2. Adjustments to rates. The prospectively determined reimbursement rate may be adjusted only under the following conditions:

A. When information contained in a facility's cost report is found to be fraudulent, misrepresented or inaccurate, the facility's reimbursement rate may be reduced, both retroactively and prospectively, if the fraudulent, misrepresented or inaccurate information as originally reported resulted in establishment of a higher reimbursement rate than the facility would have received in the absence of this

information. No decision by the Medicaid agency to impose a rate adjustment in the case of fraudulent, misrepresented or inaccurate information in any way shall affect the Medicaid agency's ability to impose any sanctions authorized by statute or rule. The fact that fraudulent, misrepresented or inaccurate information reported did not result in establishment of a higher reimbursement rate than the facility would have received in the absence of the information also does not affect the Medicaid agency's ability to impose any sanctions authorized by statute or rules;

B. In accordance with subsection (6)(B) of this rule, a newly constructed facility's initial reimbursement rate may be reduced if the facility's actual allowable per [-]diem cost for its first twelve (12) months of operation is less than its initial rate;

C. When a facility's Medicaid reimbursement rate is higher than either its private pay rate or its Medicare rate, the Medicaid rate will be reduced in accordance with subsection (2)(B) of this rule;

D. When the provider can show that it incurred higher cost due to circumstances beyond its control and the circumstances are not experienced by the nursing home or ICF/MR industry in general, the request must have a substantial cost effect. These circumstances include, but are not limited to:

(I) Acts of nature, such as fire, earthquakes and flood, that are not covered by insurance;

(II) Vandalism, civil disorder, or both; or

(III) Replacement of capital depreciable items not built into existing rates that are the result of circumstances not related to normal wear and tear or upgrading of existing system;

E. When an adjustment to a facility's rate is made in accordance with the provisions of section (6) of this rule; or

F. When an adjustment is based on an Administrative Hearing Commission or court decision.

AUTHORITY: sections 208.153, 208.159 and 208.201, RSMo 2000. This rule was previously filed as 13 CSR 40-81.083. Original rule filed Aug. 13, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—Division of Medical Services

Chapter 15—Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
The division is adding section (15).

PURPOSE: This amendment will establish the State Fiscal Year (SFY) 2008 Federal Reimbursement Allowance (FRA) assessment at five and ninety-nine hundredths percent (5.99%) for the period beginning July 1, 2007 and ending December 31, 2007, and at five and forty-nine hundredths percent (5.49%) for the period beginning January 1, 2008 and ending June 30, 2008. The two (2) assessment rates for SFY 2008 are required because of federal law limiting the allowable assessment of provider taxes to five and five-tenths percent (5.5%) of revenues effective January 1, 2008.

EMERGENCY STATEMENT: The Division of Medical Services finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the Medicaid program and for the uninsured. An early effective date is required because the emergency amendment establishes the Federal Reimbursement Allowance (FRA) assessment rates for State Fiscal Year (SFY) 2008 in regulation in order to collect the state revenue, beginning with the first

Medicaid payroll for SFY 2008, to ensure access to hospital services for Medicaid recipients and indigent patients at hospitals that have relied on Medicaid payments to meet those patients' needs. The Division of Medical Services also finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on Missouri hospitals which service almost eight hundred fifty thousand (850,000) Medicaid recipients plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of Medicaid recipients and uninsured individuals in need of medical treatment. The FRA raises approximately \$872,286,715 annually. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The Division of Medical Services believes this emergency amendment to be fair to all interested parties under the circumstances. This emergency amendment was filed June 20, 2007, effective July 1, 2007, expires December 27, 2007.

(15) Federal Reimbursement Allowance (FRA) for State Fiscal Year (SFY) 2008. The FRA assessment for SFY 2008 shall be determined at the rate of five and ninety-nine hundredths percent (5.99%) for July 1 through December 31, 2007, and five and forty-nine hundredths percent (5.49%) for January 1 through June 30, 2008, of the hospital's total operating revenue less tax revenue/other government appropriations plus non-operating gains and losses as published by the Missouri Department of Health and Senior Services, Section of Health Statistics. The base financial data for 2004 will be annualized, if necessary, and will be adjusted by the trend factor listed in 13 CSR 70-15.010(3)(B) to determine revenues for the current state fiscal year. The financial data that is submitted by the hospitals to the Missouri Department of Health and Senior Services is required as part of 19 CSR 10-33.030 Reporting Financial Data by Hospitals. If the pertinent information is not available through the Department of Health and Senior Services' hospital database, the Division of Medical Services will use the Medicaid data similarly defined from the Medicaid cost report that is required to be submitted pursuant to 13 CSR 70-15.010(5)(A).

AUTHORITY: sections 208.201, 208.453 and 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 2—DEPARTMENT OF AGRICULTURE
Division 110—Office of the Director
Chapter 3—Missouri Renewable Fuel Standard**

PROPOSED RULE

2 CSR 110-3.010 Description of General Organization; Definitions; Requirements and Exemptions; Enforcement Provisions

PURPOSE: This rule describes the operation of the renewable fuel standard; defines terms; establishes requirements and exemptions for fuel distributors, position holders, terminals, suppliers, and fuel retailers; and describes enforcement provisions.

(1) General Organization.

(A) The director of the Department of Agriculture (MDA) is authorized to ensure implementation of, and compliance with, the

Missouri Renewable Fuel Standard Act (MRFSa). The MRFSa requires that, unless otherwise provided, on and after January 1, 2008 all gasoline sold or offered for sale in Missouri at retail shall be ten percent (10%) fuel ethanol-blended gasoline. The MDA and the Department of Revenue (DOR) are authorized to obtain documentation from relevant parties regarding the sales transaction and price of fuel ethanol, fuel ethanol-blended gasoline, and unblended gasoline.

(B) All submissions or requests for information regarding the MRFSa should be directed to the Missouri Department of Agriculture, Renewable Fuel Standard, PO Box 630, Jefferson City, MO 65102.

(2) Definitions.

(A) Aviation fuel—any motor fuel specifically compounded for use in reciprocating aircraft engines.

(B) Distributor—a person who either produces, refines, blends, compounds or manufactures motor fuel, imports motor fuel into a state or exports motor fuel out of a state, or who is engaged in distribution of motor fuel.

(C) E75-E85 fuel ethanol—fuel ethanol that meets ASTM D 5798 specifications.

(D) Fuel ethanol-blended gasoline—as defined in section 414.255.2(3), RSMo.

(E) Position holder—the person who holds the inventory position in motor fuel in a terminal, as reflected on the records of the terminal operator. A person holds the inventory position in motor fuel when that person has a contract with the terminal operator for the use of storage facilities and terminating services for motor fuel at the terminal. The term includes a terminal operator who owns motor fuel in the terminal.

(F) Premium gasoline—gasoline with an antiknock index number of ninety-one (91) or greater.

(G) Price—the cost of the fuel ethanol plus fuel taxes and transportation expenses less tax credits, if any; or the cost of the fuel ethanol-blended gasoline plus fuel taxes and transportation expenses less tax credits, if any; or the cost of the unblended gasoline plus fuel taxes and transportation expenses less tax credits, if any.

(H) Qualified terminal—a terminal that has been assigned a terminal control number (tcn) by the Internal Revenue Service.

(I) Supplier—a person that is:

1. Registered or required to be registered pursuant to 26 U.S.C., section 4101, for transactions in motor fuels in the bulk transfer/terminal distribution system; and

2. One (1) or more of the following:

A. The position holder in a terminal or refinery in this state;

B. Imports motor fuel into this state from a foreign country;

C. Acquires motor fuel from a terminal or refinery in this state from a position holder pursuant to either a two (2)-party exchange or a qualified buy-sell arrangement which is treated as an exchange and appears on the records of the terminal operator; or

D. The position holder in a terminal or refinery outside this state with respect to motor fuel which that person imports into this state. A terminal operator shall not be considered a supplier based solely on the fact that the terminal operator handles motor fuel consigned to it within a terminal. "Supplier" also means a person that produces fuel grade alcohol or alcohol-derivative substances in this state, produces fuel grade alcohol or alcohol-derivative substances for import to this state into a terminal, or acquires upon import by truck, railcar, boat, barge or pipeline into a terminal, fuel grade alcohol or alcohol-derivative substances. "Supplier" includes a permissive supplier unless specifically provided otherwise.

(J) Terminal—a bulk storage and distribution facility which includes:

1. For the purposes of motor fuel, is a qualified terminal;

2. For the purposes of fuel grade alcohol, is supplied by truck, railcar, boat, barge or pipeline and the products are removed at a rack.

(K) Ultimate vendor—a person that sells motor fuel to the consumer.

(L) Unblended gasoline—gasoline that has not been blended with fuel ethanol.

(M) Wholesale distributor—a person that sells motor fuel to an ultimate vendor, wholesale purchaser consumer, or to someone other than an ultimate motor fuel consumer.

(N) Wholesale purchaser consumer—a person who is an ultimate motor fuel consumer and who purchases or obtains the product from a supplier and receives delivery of that product into a storage tank.

(3) Requirements and Exemptions.

(A) On and after January 1, 2008, all gasoline sold or offered for sale in Missouri at retail shall be fuel ethanol-blended gasoline, unless a distributor is unable to obtain fuel ethanol or fuel ethanol-blended gasoline from a position holder or supplier at the terminal at the same or lower price as unblended gasoline. Price comparisons are to be made between wholesale distributors at a particular qualified terminal, not by price comparisons between qualified terminals. Furthermore, price comparisons at a qualified terminal shall be based upon supplies available under contractual agreements in effect at that terminal, unless otherwise prohibited by section 414.255.9, RSMo and this rule.

(B) For each purchase of unblended gasoline from a position holder or supplier at a qualified terminal, the distributor, wholesale distributor, position holder, and supplier shall maintain accurate purchase and disposition records and source documents for at least three (3) years. The records and source documents must, in their entirety, be sufficient to verify the price and quantity available at the qualified terminal for fuel ethanol, fuel ethanol-blended gasoline, and unblended gasoline for each contractual supplier at the qualified terminal at the time of each purchase of unblended gasoline.

(C) The position holder, supplier, distributor, wholesale distributor, and ultimate vendor shall, upon request, and within thirty (30) days of receiving such a request, provide documentation within their purview or control regarding the sales transaction and price of fuel ethanol, fuel ethanol-blended gasoline, and unblended gasoline to the Department of Agriculture and/or the Department of Revenue. The departments may examine records, documents, books, premises, and products of such entities to determine the validity of all documentation provided and to determine compliance with the provisions of section 414.255, RSMo and this rule. All information obtained by the departments from such sources shall be confidential and not disclosed except by court order or as otherwise provided by law. Any documentation provided to the departments will be considered received by the departments on the:

1. Postmark date for items delivered by the United States Postal Service;

2. Actual date received by the departments for items delivered by any other carrier service; or

3. Actual date received for information received by facsimile or email within the departments' Jefferson City, Missouri central office.

(D) Any delivery of unblended gasoline to an ultimate vendor or a wholesale purchaser consumer shall include notification by the wholesale distributor on a bill of lading, invoice, delivery ticket, or some other document of the quantity of unblended gasoline delivered and that the wholesale distributor was unable to purchase fuel ethanol or fuel ethanol-blended gasoline from a position holder or supplier at a qualified terminal at the same or lower price as unblended gasoline.

(E) All terminals in Missouri that sell gasoline shall offer for sale, in cooperation with position holders and suppliers, fuel ethanol-blended gasoline, fuel ethanol, and unblended gasoline. Furthermore, all such terminals shall, in cooperation with position holders and suppliers, maintain an adequate supply of ethanol.

Terminals that only offer for sale federal reformulated gasolines, in cooperation with position holders and suppliers, shall not be required to offer for sale unblended gasoline.

(F) Notwithstanding any other law to the contrary, all fuel retailers, wholesalers, distributors, and marketers shall be allowed to purchase fuel ethanol from any terminal, position holder, fuel ethanol producer, fuel ethanol wholesaler, or supplier. In the event a court of competent jurisdiction finds that this subsection does not apply to or improperly impairs existing contractual relationships, then this subsection shall only apply to and impact future contractual relationships.

(G) The following shall be exempt from the provisions of section 414.255, RSMo and this rule.

1. Aviation fuel and automotive gasoline used in aircraft;

2. Premium gasoline;

3. E75-E85 fuel ethanol;

4. Any specific exemptions declared by the United States Environmental Protection Agency; and

5. Bulk transfers between terminals.

(H) The director of the department of agriculture may by rule exempt or rescind additional gasoline uses from the requirements of section 414.255, RSMo and this rule. The governor may by executive order waive the requirements of section 414.255, RSMo and this rule or any part thereof in part or in whole for all or any portion of this state for reasons related to air quality. Any regional waiver shall be issued and implemented in such a way as to minimize putting any region of the state at a competitive advantage or disadvantage with any other region of the state.

(4) Enforcement Provisions.

(A) The provisions of section 414.152, RSMo shall apply for purposes of enforcement of the Missouri Renewable Fuel Standard Act and this rule.

AUTHORITY: section 414.255, RSMo Supp. 2006. Original rule filed June 29, 2007.

PUBLIC COST: This proposed rule will result in an aggregate public cost of one hundred thousand, eight hundred ninety dollars (\$100,890) in the first year and eighty-one thousand, six hundred fifty-seven dollars (\$81,657) in succeeding years.

PRIVATE COST: This proposed rule will result in an aggregate cost of \$17,784,500 for private entities.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Agriculture, Attention: Robin Perso, 1616 Missouri Blvd., PO Box 630, Jefferson City, MO 65102 or via email to Robin.Perso@mda.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Agriculture**
Division Title: Office of the Director
Chapter Title: Missouri Renewable Fuel Standard

Rule Number and Name:	2 CSR 110-3.010 Description of General Organization; Definitions; Requirements and Exemptions; Enforcement Provisions
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
MO Department of Agriculture (MDA)	\$835,803 over ten years

III. WORKSHEET

\$100,890 and 1.00 FTE in the first year and \$81,657 and 1.00 FTE for the succeeding nine years for a compliance auditor and related expenses needed to ensure implementation, compliance, and consistency with section 414.255 RSMo.

$$\$100,890 + 9(\$81,657) = \$835,803$$

IV. ASSUMPTIONS

1). MDA is authorized to ensure the implementation of, and compliance with, the Missouri Renewable Fuel Standard Act in section 414.255 RSMo. This section requires that, unless otherwise provided, on and after January 1, 2008, all gasoline sold or offered for sale in Missouri at retail shall be ten percent (10%) fuel ethanol-blended gasoline.

2). For the convenience of calculating this fiscal note over a reasonable time frame, the life of the rule is assumed to be ten (10) years although the duration of the rule is indefinite. If the life of the rule extends beyond ten (10) years, the annual costs for additional years will be consistent with the assumptions used to calculate annual costs as identified in this fiscal note.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Agriculture
Division Title: Office of the Director
Chapter Title: Missouri Renewable Fuel Standard**

Rule Number and Title:	2 CSR 110-3.010 Description of General Organization; Definitions; Requirements and Exemptions; Enforcement Provisions
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1,641	Retail gas stations that have not yet converted to ethanol blended fuels	\$1,784,500
8	Gasoline fuel terminals that have not yet converted to ethanol blended fuels	\$16,000,000

III. WORKSHEET

- There were 4,103 retail gas stations in Missouri as of June 8, 2007.
- 40 percent (estimated) of all Missouri gas stations have not yet converted to ethanol blended fuel (i.e. 1,641 stations have not yet converted).
- On average, there are 1.2 unleaded tanks needing conversion (estimated) per un-converted station (i.e. 1,641 stations X 1.2 tanks/station = 1,969 tanks needing to be cleaned and converted)
- \$500/tank estimated cleaning costs for tanks not yet converted
- Total statewide tank cleaning costs = \$984,500 (1,969 tanks X \$500/tank)
- 2 percent of all tanks not yet converted will need replacement (i.e. 40 tanks)
- \$20,000 per tank estimated cost for replacement
- Total statewide tank replacement costs = \$800,000 (40 tanks X \$20,000/tank)

Total retail gas station tank cleaning and replacement costs = \$1,784,500

There are currently eight (8) gasoline fuel terminals in Missouri that have not converted to ethanol blended fuels. Conversion costs are estimated at \$2,000,000 per terminal for storage tanks, fuel meters, blending equipment, etc.

Total gasoline fuel terminal costs = \$16,000,000 (8 terminals X \$2,000,000/terminal)

IV. ASSUMPTIONS

- 1). Cost and affected entity estimates are based on information currently available to the department. This data is subject to change as additional information is reviewed, updated, and added to the department's data base.
- 2). This analysis assumes all of the 1,641 retail gas stations and eight (8) gasoline fuel terminals that are not currently converted to ethanol blended fuels will make the changes necessary to comply with section 414.255 RSMo.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 2—Air Quality Standards and Air Pollution
Control Rules Specific to the Kansas City Metropolitan
Area

PROPOSED AMENDMENT

10 CSR 10-2.210 Control of Emissions From Solvent Metal Cleaning. The commission proposes to amend subsections (1)(C), (2)(A), (2)(C) and (4)(A)–(4)(D); add new subsections (1)(D), (2)(E), (2)(I)–(2)(K) and (2)(M)–(2)(P); delete subsection (3)(A); renumber subsections (2)(E)–(2)(I); and amend and renumber subsections (3)(B)–(3)(D). If the commission adopts this rule action, it will be submitted to the U.S. Environmental Protection Agency for inclusion in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address and phone number listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Environmental Regulatory Agenda website, www.dnr.mo.gov/reg/regagenda.htm.

PURPOSE: This regulation specifies equipment, operating procedures and training requirements for the reduction of hydrocarbon emissions from solvent metal cleaning operations in the Kansas City metropolitan area. This amendment clarifies the rule by consolidating exemptions in the applicability section, clarifying exemptions such as hand cleaning/wiping and flush cleaning, adding definitions for new and previously undefined terms, and clarifying rule language regarding operating procedure requirements for spray gun cleaners and airless and air-tight cleaning systems. The evidence supporting the need for this proposed rulemaking, per section 536.016, RSMo, is the rule petition dated September 29, 2004 from the U.S. Department of Energy.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) [Application] Applicability.

(C) This rule applies to *[all] any of the following processes [which] that use [cold cleaners, open-top vapor degreasers or conveyorized degreasers, using nonaqueous solvents to clean and remove soils from metal surfaces.] nonaqueous solvents to clean and remove soils from metal parts:*

1. Spray gun cleaners;
2. Cold cleaners with a solvent reservoir or tank;
3. Open-top vapor or conveyorized degreasers; or
4. Air-tight or airless cleaning systems.

(D) Exemptions.

1. The following shall be exempt from this rule:

A. Cold cleaners with liquid surface areas of one (1) square foot or less or maximum capacities of one (1) gallon or less;

B. Solvent cleaning operations that meet the emission control requirements 10 CSR 10-2.205, 10 CSR 10-2.230, 10 CSR 10-2.290 and 10 CSR 10-2.340;

C. Solvent cleaning operations regulated under 40 CFR 63 Subpart T, National Emission Standards for Halogenated Solvent Cleaning. The provisions of 40 CFR part 63 Subpart T promulgated as of December 19, 2005 shall apply and are hereby incorporated by reference in this rule, as published by the U.S. Government Printing Office, 732 N Capitol Street NW, Washington, DC 20401. This rule does not incorporate any subsequent amendments or additions;

D. The cleaning of electronic components, medical devices or optical devices;

E. Hand cleaning/wiping operations; and

F. Flush cleaning operations.

2. The following shall be exempt from the solvent vapor pressure requirements of subparagraphs (3)(A)1.A. and (3)(A)1.B. of this rule:

A. Sales of cold cleaning solvents in quantities of five (5) gallons or less;

B. Cold cleaners using solvents regulated under any federal National Emission Standards for Hazardous Air Pollutants; and

C. Janitorial and institutional cleaning.

3. All wastes that are subject to hazardous waste requirements at 10 CSR Division 25, Chapter 4 through 9 shall be exempt from the requirements of subparagraphs (3)(B)1.E., (3)(B)2.J., (3)(B)3.H., (3)(B)4.B., (3)(B)5.G. and subsection (4)(A) of this rule.

(2) Definitions.

(A) Airless cleaning system—A degreasing machine that is automatically operated and seals at a differential pressure of 25 torr (25.0 millimeters of Mercury (mmHg)) (0.475 pounds per square inch (psi)) or less, prior to the introduction of solvent vapor into the cleaning chamber and maintains differential pressure under vacuum during all cleaning and drying cycles.

(C) Aqueous solvent—Any solvent consisting of sixty percent (60%) or more by volume water with a flashpoint greater than ninety-three degrees Celsius (93°C) (one hundred ninety-nine point four degrees Fahrenheit (199.4°F)) and is miscible with water.

(E) Flush cleaning—The removal of contaminants such as dirt, grease and coatings from a component or coating equipment by passing solvent over, into or through the item being cleaned. The solvent drained from the item may be assisted by air, compressed gas, hydraulic pressure or by pumping. Flush cleaning does not include spray gun cleaning.

[(E)](F) Freeboard area—The air space in a batch-load cold cleaner that extends from the liquid surface to the top of the tank.

[(F)](G) Freeboard height—

1. The distance from the top of the solvent to the top of the tank for batch-loaded cold cleaners;

2. The distance from the air-vapor interface to the top of the tank for open-top vapor degreasers; or

3. The distance from either the air-solvent or air-vapor interface to the top of the tank for conveyorized degreasers.

[(G)](H) Freeboard ratio—The freeboard height divided by the smaller of either the inside length or inside width of the degreaser.

(I) Hand cleaning/wiping operation—The removal of contaminants such as dirt, grease, oil and coatings from a surface by physically rubbing it with a material such as a rag, paper or cotton swab that has been moistened with a cleaning solvent.

(J) Institutional cleaning—Cleaning activities conducted at organizations, societies or corporations including, but not limited to schools, hospitals, sanitariums and prisons.

(K) Janitorial cleaning—The cleaning of building or facility components such as the floors, ceilings, walls, windows, doors, stairs, bathrooms, kitchens, etc.

[(H)](L) Medical device—An instrument, apparatus, implement, machine, contrivance, implant, *in vitro* reagent or other similar article, including any component or accessory that meets one (1) of the following conditions:

1. It is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease;

2. It is intended to affect the structure or any function of the body; or

3. It is defined in the *National Formulary* or the *United States Pharmacopoeia*, or any supplement to them.

(M) Nonaqueous solvent—Any solvent not classifiable as an aqueous solvent as defined in subsection (2)(C) of this rule.

(N) Optical device—An optical element used in an electro-optical device and designed to sense, detect or transmit light energy, including specific wavelengths of light energy and changes in light energy levels.

(O) Soils—Includes, but not limited to, unwanted grease, wax, grit, ash, dirt and oil. Spray gun soils, in addition, include unwanted primers, paint, specialty coatings, adhesives, sealers, resins or deadeners.

(P) Spray gun cleaner—Equipment used to clean spray guns used to apply, but not limited to, primers, paints, specialty coatings, adhesives, resins or deadeners incorporated into a product distributed in commerce.

[(I)](Q) Definitions of certain terms specified in this rule, other than those specified in this rule section, may be found in 10 CSR 10-6.020.

(3) General Provisions.

[(I)A] No person shall cause or allow solvent metal cleaning or degreasing operation—

1. Without adhering to operating procedures as contained in this rule and to recommendations by the equipment manufacturer;

2. Without the minimum operator and supervisor training as specified in this rule; and

3. Unless the equipment conforms to the specifications listed in this rule.]

[(B)](A) Equipment Specifications.

1. Cold cleaners.

[A. After August 30, 2002—

[(I) No owner or operator shall allow the operation of any cold cleaner using a cold cleaning solvent with a vapor pressure greater than 2.0 millimeters of Mercury (mmHg) (0.038 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) unless the cold cleaner is used for carburetor cleaning;

[(II) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent with a vapor pressure greater than 2.0 mmHg (0.038 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties unless the cold cleaning solvent is used for carburetor cleaning;

[(III) No owner or operator shall allow the operation of any cold cleaner using a cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 7.0 mmHg (0.133 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)); and

[(IV) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 7.0 mmHg (0.133 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties.

B. After August 30, 2003—]

[(I)](A. No [owner or operator] one shall [operate or allow the operation of any cold cleaner using] use, sell or offer for sale for use within Clay, Jackson and Platte Counties a cold cleaning solvent with a vapor pressure greater than 1.0 mmHg (0.019 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) unless [the cold cleaner is] used for carburetor cleaning[.];

[(III)] No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent with a vapor pressure greater than 1.0 mmHg (0.019 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties unless the cold cleaning solvent is used for carburetor cleaning;]

[(III)](B. No [owner or operator] one shall [allow the operation of any cold cleaner using] use, sell or offer for sale for use within Clay, Jackson and Platte Counties a cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 5.0 mmHg ([0.095] 0.097 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) [; and].

[(IV) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 5.0 mmHg (0.095 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties.

C. Exemptions.

(I) Sales of cold cleaning solvents in quantities of five (5) gallons or less shall be exempt from the requirements of parts (3)(B)1.A.(II), (3)(B)1.A.(IV), (3)(B)1.B.(II) and (3)(B)1.B.(IV) of this rule.

(II) The cleaning of electronic components shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(III) Solvent cleaning operations which meet the emission control requirements of 10 CSR 10-2.230, 10 CSR 10-2.290 and 10 CSR 10-2.340 shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(IV) Cold cleaners using aqueous solvents shall be exempt from the requirements of parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III) of this rule.

(V) Cold cleaners using solvents regulated under any federal National Emission Standard for Hazardous Air Pollutants shall be exempt from the requirements of parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III) of this rule.

(VI) Any cold cleaner with a liquid surface area of one (1) square foot or less or a maximum capacity of one (1) gallon or less shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(VII) The cleaning of medical and optical devices shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(VIII) Air-tight or airless cleaning systems shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule if the following requirements are met.

(a) The equipment is operated in accordance with the manufacturer's specifications and operated with a door or other pressure sealing apparatus that is in place during all cleaning and drying cycles.

(b) All waste solvents are stored in properly identified and sealed containers, and managed in compliance with the Missouri Hazardous Waste Management Commission rules codified at 10 CSR 25, as applicable. All associated pressure relief devices shall not allow liquid solvents to drain out.

(c) Spills during solvent transfer shall be wiped up immediately or managed in compliance with the Missouri Hazardous Waste Commission rules codified at 10 CSR 25, as applicable, and the used wipe rags shall be stored in closed containers.

(d) A differential pressure gauge shall be installed to indicate the sealed chamber pressure.

(IX) Janitorial and institutional cleaning shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(X) Paint spray gun and nozzle cleaning machines with the exception of remote open top spray gun cleaning machines shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule. Paint spray guns and nozzles only may be cleaned in solvent-based materials capable of stripping hardened paint, provided the solvent reservoir (not to exceed five (5) gallons in size) is kept tightly covered at all times except when being accessed. All remote paint spray gun cleaning machines shall be operated within the manufacturers' specifications. All remote closed top spray gun cleaning machines shall not be operated unless the cover is closed and shall be closed or covered when not in use.]

[D.]C. An owner or operator of a cold cleaner may use an alternate method for reducing cold cleaning emissions if the owner or operator shows the level of emission control is equivalent to or greater than the requirements of [parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III)] subparagraphs (3)(A)1.A. and (3)(A)1.B. of this rule. This alternate method must be approved by the director **and the U.S. Environmental Protection Agency (EPA)**.

[E.]D. Each cold cleaner shall have a cover which [will] prevents the escape of solvent vapors from the solvent bath while in the closed position or an enclosed reservoir which [will] limits the escape of solvent vapors from the solvent bath whenever parts are not being processed in the cleaner.

[F.]E. When one (1) or more of the following conditions exist, the **cover shall be designed [of the cover shall be such that it can be] to operate** easily [operated with one (1) hand] such that minimal disturbing of the solvent vapors in the tank occurs. (For covers larger than ten (10) square feet, this shall be accomplished by either mechanical assistance such as spring loading or counter weighing or by power systems):

(I) The solvent [volatility] **vapor pressure** is greater than 0.3 psi measured at **thirty-seven point eight degrees Celsius (37.8°C)** (one hundred degrees Fahrenheit (100°F))[, such as in mineral spirits];

(II) The solvent is agitated; or

(III) The solvent is heated.

[G.]F. Each cold cleaner shall have an **internal** drainage facility [which will be internal] so that parts are enclosed under the cover while draining.

[H.]G. If an internal drainage facility cannot fit into the cleaning system and the solvent [volatility] **vapor pressure** is less than 0.6 psi measured at **thirty-seven point eight degrees Celsius (37.8°C)** (one hundred degrees Fahrenheit (100°F)), then the cold cleaner shall have an external drainage facility which provides for the solvent to drain back into the solvent bath.

[I.]H. Solvent sprays, if used, shall be a solid fluid stream (not a fine, atomized or shower-type spray) and at a pressure which does not cause splashing above or beyond the freeboard.

[J.]I. A permanent conspicuous label summarizing the operating procedures shall be affixed to the equipment **or in a location readily visible during operation of the equipment**.

[K.]J. Any cold cleaner which uses a solvent that has a solvent [volatility] **vapor pressure** greater than 0.6 psi measured at **thirty-seven point eight degrees Celsius (37.8°C)** (one hundred degrees Fahrenheit (100°F)) or heated above **forty-eight point nine degrees Celsius (48.9°C)** (one hundred twenty degrees Fahrenheit (120°F)) must use one (1) of the following control devices:

(I) A freeboard ratio of at least 0.75;

(II) Water cover (solvent must be insoluble in and heavier than water); or

(III) Other control systems with a mass balance demonstrated overall VOC emissions reduction efficiency greater than or equal to sixty-five percent (65%). These control systems must receive approval from the director **and EPA** prior to their use.

2. Open-top vapor degreasers.

A. Each open-top vapor degreaser shall have a cover which will prevent the escape of solvent vapors from the degreaser while in the closed position and shall be designed to open and close easily [with one (1) hand] such that minimal disturbing of the solvent vapors in the tank occurs. For covers larger than ten (10) square feet, easy cover use shall be accomplished by either mechanical assistance, such as spring loading or counter weighing or by power systems.

B. Each open-top vapor degreaser shall be equipped with a vapor level [safety thermostat with a manual reset which] **control device that** shuts off the heating source when the vapor level rises above the cooling or condensing coil, or an equivalent safety device approved by the director **and EPA**.

C. Each open-top vapor degreaser with an air/vapor interface over ten and three-fourths (10 3/4) square feet shall be equipped with at least one (1) of the following control devices:

(I) A freeboard ratio of at least 0.75;

(II) A refrigerated chiller;

(III) An enclosed design (the cover or door opens only when the dry part actually is entering or exiting the degreaser);

(IV) A carbon adsorption system with ventilation of at least fifty (50) cubic feet per minute per square foot of air vapor area when the cover is open and exhausting less than twenty-five parts per million (25 ppm) of solvent by volume averaged over one (1) complete adsorption cycle as measured using the reference method specified at 10 CSR 10-6.030(14)(A); or

(V) A control system with a mass balance demonstrated overall VOC emissions reduction efficiency greater than or equal to sixty-five percent (65%) and prior approval by the director **and EPA**.

D. A permanent conspicuous label summarizing the operating procedures shall be affixed to the equipment **or in a location readily visible during operation of the equipment**.

3. Conveyorized degreasers.

A. Each conveyorized degreaser shall have a drying tunnel or rotating (tumbling) basket or other means demonstrated to have equal to or better control which shall be used to prevent cleaned parts from carrying out solvent liquid or vapor.

B. Each conveyorized degreaser shall have the following safety [switches or equivalent safety] devices [approved by the director] which operate if the machine malfunctions:

(I) A vapor level [safety thermostat with manual reset which] **control device that** shuts off the heating source when the vapor level rises just above the cooling or condensing coil; and

(II) A spray safety switch, which shuts off the spray pump if the vapor level in the spray chamber drops four inches (4"), for conveyorized degreasers utilizing a spray chamber./.; or

(III) **Equivalent safety devices approved by the director and EPA**.

C. Entrances and exits shall silhouette workloads so that the average clearance between parts and the edge of the degreaser opening is less than four inches (4") or less than ten percent (10%) of the width of the opening.

D. Covers shall be provided for closing off the entrance and exit during hours when the degreaser is not being used.

E. A permanent, conspicuous label summarizing the operating procedures shall be affixed to the equipment **or in a location readily visible during operation of the equipment**.

F. If the air/vapor interface is larger than twenty-one and one-half (21 1/2) square feet, one (1) major control device shall be required. This device shall be one (1) of the following:

(I) A refrigerated chiller;

(II) Carbon adsorption system with ventilation of at least fifty (50) cubic feet per minute per square foot of the total entrance and exit areas (when downtime covers are open) and exhausting less than twenty-five (25) ppm of solvent by volume averaged over one (1) complete adsorption cycle as measured using the reference method specified at 10 CSR 10-6.030(14)(A); or

(III) A control system with a mass balance demonstrated overall VOC emissions reduction efficiency greater than or equal to sixty-five percent (65%) and prior approval by the director and EPA.

4. Air-tight or airless cleaning systems. Air-tight or airless cleaning systems shall:

A. Have a permanent conspicuous label summarizing the operating procedures affixed to the equipment or in a location readily visible during operation of equipment;

B. Be equipped with a differential pressure gauge to indicate the sealed chamber pressure under vacuum; and

C. Be equipped with a safety alarm to alert the operator of equipment malfunction.

[(C)/(B) Operating Procedure/s/ Requirements.

1. Cold cleaners.

A. Cold cleaner covers shall be closed whenever parts are not being handled in the cleaners or the solvent must drain into an enclosed reservoir **except when performing maintenance or collecting solvent samples.**

B. Cleaned parts shall be drained in the freeboard area for at least fifteen (15) seconds or until dripping ceases, whichever is longer. **Parts having cavities or blind holes shall be tipped or rotated while the part is draining. During the draining, tipping, or rotating, the parts shall be positioned so that the solvent drains directly back into the cold cleaner.**

C. Whenever a cold cleaner fails to perform within the **rule operating [parameters established for it by this rule] requirements**, the unit shall be shut down immediately and shall remain shut down until *[trained service personnel are able to restore operation within the established parameters]* **operation is restored to meet rule operating requirements.**

D. Solvent leaks shall be repaired immediately or the *[degreaser]* **cold cleaner** shall be shut down until the leaks are repaired.

E. Any waste material removed from a cold cleaner shall be disposed of by one (1) of the following methods **or an equivalent method approved by the director and EPA [and in accordance with the Missouri Hazardous Waste Management Commission rules codified at 10 CSR 10-25, as applicable]:**

(I) Reduction of the waste material to less than twenty percent (20%) VOC solvent by distillation and proper disposal of the still bottom waste; or

(II) Stored in closed containers for transfer to—

(a) A contract reclamation service; or

(b) A disposal facility approved by the director **and**

EPA.

F. Waste solvent shall be stored in *[covered]* **closed** containers only.

2. Open-top vapor degreasers.

A. The cover shall be kept closed at all times except when processing workloads through the **open-top vapor degreaser, performing maintenance or collecting solvent samples.**

B. Solvent carry-out shall be minimized in the following ways:

(I) Parts shall be racked, if practical, to allow full drainage;

(II) Parts shall be moved in and out of the **open-top vapor degreaser** at less than eleven feet (11') per minute;

(III) Workload shall remain in the vapor zone at least thirty (30) seconds or until condensation ceases, **whichever is longer;**

(IV) Pools of solvent shall be removed from cleaned parts before removing parts from the **open-top vapor degreaser** freeboard area; and

(V) Cleaned parts shall be allowed to dry within the **open-top vapor degreaser** freeboard area for at least fifteen (15) seconds or until visually dry, whichever is longer.

C. Porous or absorbent materials such as cloth, leather, wood or rope shall not be degreased.

D. If workloads occupy more than half of the **open-top vapor degreaser's** open-top area, rate of entry and removal shall not exceed five feet (5') per minute.

E. Spray shall never extend above vapor level.

F. Whenever an open-top vapor degreaser fails to perform within the **rule operating requirements [parameters established for it by this rule]**, the unit shall be shut down until *[trained service personnel are able to restore operation within the established parameters]* **operation is restored to meet the rule operating requirements.**

G. Solvent leaks shall be repaired immediately or the **open-top vapor degreaser** shall be shut down until the leaks are repaired.

H. Ventilation exhaust **from the open-top vapor degreaser** shall not exceed sixty-five (65) cubic feet per minute per square foot of **open-top vapor degreaser** open area unless proof is submitted that it is necessary to meet Occupational Safety and Health Administration (OSHA) requirements. Fans shall not be used near the **open-top vapor degreaser** opening.

I. Water shall not be visually detectable in solvent exiting the water separator, **except for automatic water separators that by configuration do not allow visual inspection.**

J. Any waste material removed from an open-top vapor degreaser shall be disposed of by one (1) of the following methods or an equivalent *[and in accordance with the Missouri Hazardous Waste Management Commission rules codified at 10 CSR 10-25, as applicable]* **method approved by the director and EPA:**

(I) Reduction of the waste material to less than twenty percent (20%) VOC solvent by distillation and proper disposal of the still bottom waste; or

(II) Stored in closed containers for transfer to—

(a) A contract reclamation service; or

(b) A disposal facility approved by the director **and**

EPA.

K. Waste solvent shall be stored in closed containers only.

3. Conveyorized degreasers.

A. Ventilation exhaust **from the conveyorized degreaser** shall not exceed sixty-five (65) cubic feet per minute per square foot of **conveyorized degreaser** opening unless proof is submitted that it is necessary to meet OSHA requirements. Fans shall not be used near the **conveyorized degreaser** opening.

B. Solvent carry-out shall be minimized in the following ways:

(I) Parts shall be racked, if practical, to allow full drainage;

and

(II) Vertical conveyor speed shall be maintained at less than eleven feet (11') per minute.

C. Whenever a conveyorized degreaser fails to perform within the **rule operating [parameters established for it by this rule] requirements**, the unit shall be shut down immediately and shall remain shut down until *[trained service personnel are able to restore]* operation *[within the established parameters]* **is restored to meet the rule operating requirements.**

D. Solvent leaks shall be repaired immediately or the **conveyorized degreaser** shall be shut down until the leaks are repaired.

E. Water shall not be visually detectable in solvent exiting the water separator.

F. Covers shall be placed over entrances and exits immediately after conveyor and exhaust are shut down and removed just before they are started up.

G. Waste solvent shall be stored in closed containers only.

H. Any waste material removed from a conveyORIZED degreaser shall be disposed of by one (1) of the following methods or an equivalent *[and in accordance with the Missouri Hazardous Waste Management Commission rules codified at 10 CSR 10-25, as applicable]* method approved by the director and EPA:

(I) Reduction of the waste material to less than twenty percent (20%) VOC solvent by distillation and proper disposal of the still bottom waste; or

(II) Stored in closed containers for transfer to—

(a) A contract reclamation service; or

(b) A disposal facility approved by the director and

EPA.

4. Spray gun cleaners.

A. Cleaning of spray guns shall be accomplished by use of one (1) or more of the following methods:

(I) Enclosed spray gun cleaning. Enclosed system spray gun cleaning shall consist of forcing solvent through the spray gun and/or spray gun parts. Spray guns and/or spray gun parts shall only be cleaned in remote closed top spray gun cleaning machines under the following conditions:

(a) The spray gun cleaning machine is operated within the manufacturer's specifications and with the lid kept tightly closed at all times except when being accessed or maintained; and

(b) Removable containers (which shall not exceed thirty (30) gallons in size) for clean, used and waste solvent, are kept tightly closed except when being accessed or maintained;

(II) Nonatomized spray gun cleaning. Nonatomized spray gun cleaning shall consist of placing solvent in the pressure pot and forcing it through the spray gun with the atomizing cap in place. Spray guns shall only be cleaned through nonatomized spray gun cleaning under the following conditions:

(a) No atomizing air shall be used; and

(b) The cleaning solvent from the spray gun shall be directed into a pail, bucket, drum or other waste container that is closed when not in use;

(III) Disassembled spray gun cleaning. Disassembled spray gun cleaning shall be accomplished by disassembling the spray gun to be cleaned and cleaning the components by one (1) of the following methods:

(a) By hand in a spray gun cleaner, which shall remain closed except when in use; or

(b) By soaking in a spray gun cleaner, which shall remain closed during the soaking period and when not inserting or removing components;

(IV) Atomized spray gun cleaning. Atomized spray gun cleaning shall consist of forcing the cleaning solvent through the gun and directing the resulting atomized spray into a waste container that is fitted with a device designed to capture the atomized cleaning solvent emissions; or

(V) Cleaning of the nozzle tips of an automated spray equipment system is exempt from the requirements of paragraph (3)(B)4. of this rule, unless the system is a robotic system that is programmed to spray into a closed container.

B. Any waste material removed from a spray gun cleaning system shall be disposed of by one (1) of the following methods or an equivalent method approved by the director and EPA:

(I) Reduction of the waste material to less than twenty percent (20%) VOC solvent by distillation and proper disposal of the still bottom waste; or

(II) Stored in closed containers for transfer to—

(a) A contract reclamation service; or

(b) A disposal facility approved by the director and

EPA.

C. Waste solvent shall be stored in closed containers only.

5. Air-tight and airless cleaning systems.

A. Operate the air-tight and airless cleaning systems with a door or other pressure sealing apparatus in place during all cleaning and drying cycles.

B. All associated pressure relief devices shall not allow liquid solvent to drain out of the equipment.

C. Solvent leaks shall be repaired immediately or the air-tight or airless cleaning system shall be shut down until the leaks are repaired.

D. The air-tight and airless cleaning systems shall be operated within the manufacturer's specifications.

E. Parts shall be positioned, if practical, to allow full drainage and pools of solvent shall be removed from cleaned parts before removing parts from the air-tight or airless cleaning system.

F. Wipe up solvent leaks and spills immediately and store the used rags in closed containers.

G. Any waste material removed from an air-tight and airless cleaning system shall be disposed of by one (1) of the following methods or an equivalent method approved by the director and EPA:

(I) Reduction of the waste material to less than twenty percent (20%) VOC solvent by distillation and proper disposal of the still bottom waste; or

(II) Stored in closed containers for transfer to—

(a) A contract reclamation service; or

(b) A disposal facility approved by the director and

EPA.

H. Waste solvent shall be stored in closed containers only.

[(D)](C) Operator and Supervisor Training.

1. Only persons trained in at least the operational and equipment requirements specified in this rule for their particular solvent metal cleaning process shall be permitted to operate the equipment.

2. The *[supervisor of]* person who supervises any person who operates *[a]* solvent *[metal]* cleaning equipment regulated by this rule *[process]* shall receive equal or greater operational training than the operator.

3. *[Refresher training]* A procedural review shall be given to all solvent metal cleaning equipment operators at least once each twelve (12) months.

4. Training records shall be maintained per subsections (4)(D) and (4)(E) of this rule.

(4) Reporting and Record Keeping.

(A) The owner or operator of a solvent metal cleaning or degreasing operation shall keep *[monthly inventory]* records of *[solvent types and amounts purchased and solvent consumption. These records shall include]* all types and amounts of solvent containing waste material **from cleaning or degreasing operations** transferred to either a contract reclamation service or to a disposal facility and all amounts distilled on the premises. The records also shall include maintenance and repair logs for both the degreaser and any associated control equipment. **These records shall be kept current and made available for review on a monthly basis.** The director may require additional record keeping if necessary to adequately demonstrate compliance with this rule.

(B) *[After August 30, 2002, a]* All persons that use any solvent subject to the requirements of *[parts (3)(B)1.A.(II), (3)(B)1.A.(III), (3)(B)1.B.(II), and (3)(B)1.B.(III)]* subparagraphs (3)(A)1.A. or (3)(A)1.B. of this rule shall maintain records which include for each purchase of cold cleaning solvent:

1. The name and address of the solvent supplier;

2. The date of purchase;

3. The type of solvent; and

4. The vapor pressure of the solvent in mmHg at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)).

(C) [After August 30, 2002, a]All persons that sell or offer for sale any solvent subject to the requirements of [parts (3)(B)1.A.(III), (3)(B)1.A.(IV), (3)(B)1.B.(III), and (3)(B)1.B.(IV)] subparagraph (3)(A)1.A. or (3)(A)1.B. of this rule shall maintain records which include for each sale of cold cleaning solvent:

1. The name and address of the solvent purchaser;
2. The date of sale;
3. The type of solvent;
4. The unit volume of solvent;
5. The total volume of solvent; and
6. The vapor pressure of the solvent measured in mmHg at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)).

(D) A record shall be kept of solvent metal cleaning training [for each employee] required by subsection (3)(C) of this rule.

AUTHORITY: section 643.050, RSMo 2000. Original rule filed Nov. 14, 1978, effective June 11, 1979. Amended: Filed July 1, 1987, effective Dec. 12, 1987. Amended: Filed Jan. 29, 2001, effective Oct. 30, 2001. Amended: Filed June 26, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed amendment will begin at 9:00 a.m., September 27, 2007. The public hearing will be held at the Radisson Hotel & Suites, Salon A, 1301 Wyandotte, Kansas City, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Written request to be heard should be submitted at least seven (7) days prior to the hearing to Director, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176, (573) 751-4817. Interested persons, whether or not heard, may submit a written statement of their views until 5:00 p.m., October 4, 2007. Written comments shall be sent to Chief, Operations Section, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions, Sampling
and Reference Methods and Air Pollution Control
Regulations for the Entire State of Missouri

PROPOSED AMENDMENT

10 CSR 10-6.260 Restriction of Emission of Sulfur Compounds. The commission proposes to amend subsection (3)(C). If the commission adopts this rule action, it will be submitted to the U.S. Environmental Protection Agency to replace the current rule in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address and phone number listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Environmental Regulatory Agenda website, www.dnr.mo.gov/regs/regagenda.htm.

PURPOSE: This rule establishes the maximum allowable concentration of sulfur compounds in source emissions and in the ambient air.

This proposed amendment will make the sulfur dioxide emission rates and averaging times for Kansas City Power & Light (KCPL) Hawthorn and Montrose Station units consistent with the Clean Air Act. The spelling of Aquila in Table 1 is also being corrected. The evidence supporting the need for this proposed rulemaking, per section 536.016, RSMo, is the Federal Register Notice published October 3, 2005, pages 57531-57534.

(3) General Provisions.

(C) Restriction of Emission of Sulfur Dioxide from Indirect Heating Sources.

1. Subsection (3)(C) of this rule applies to installations in which fuel is burned for the primary purpose of producing steam, hot water or hot air or other indirect heating of liquids, gases or solids and in the course of doing so the products of combustion do not come into direct contact with process materials. When any products or by-products of a manufacturing process are burned for the same purpose or in conjunction with any fuel, the same maximum emission limitations shall apply.

2. Indirect heating sources located in Missouri, other than in Franklin, Jefferson, St. Louis, St. Charles Counties or City of St. Louis.

A. No person shall cause or allow emissions of sulfur dioxide into the atmosphere from any indirect heating source in excess of eight pounds (8 lbs.) of sulfur dioxide per million Btus actual heat input averaged on any consecutive three (3)-hour time period unless that source is listed in Table I or subject to a provision of 10 CSR 10-6.070 New Source Performance Regulations with an applicable sulfur compound emission limit.

B. The following existing indirect heating sources listed in Table I shall limit their average sulfur emissions into the atmosphere to the allowable amount of sulfur dioxide per million Btus of actual heat input averaged on any consecutive three (3)-hour basis.

Table I

Facility	Averaging Time	Emission Rate per Unit (Pounds Sulfur Dioxide Per Million Btus)
Associated Electric Cooperative—New Madrid	3 hours	10.0
Associated Electric Cooperative—Thomas Hill	3 hours	8.0
Central Electric Power Cooperative—Chamois	3 hours	6.7
City Utilities—James River Plant*	24 hours	(Units 1–4) 1.5 (Unit 5) 2.0
Empire District Electric Company—Asbury Station	3 hours	12.0
Independence Power and Light—Blue Valley Station	3 hours	6.3
Trigen—Grand Ave. Plant	3 hours	7.1
Kansas City Power & Light—Hawthorn Plant**	[Annual] 30 day rolling	[1.3] 0.12
Kansas City Power & Light—Montrose Station/*]	[Annual] 24 hours	[1.3] 3.9
A/c/quila—Sibley Plant	3 hour	9.0
A/c/quila—Lake Road Plant*	24 hours	(Boilers 1, 2, and 4) 0.0524 (Boiler 3) 0.0006 (Boiler 5) 1.3490 (Boiler 6)*** (Combustion Turbines 5, 6, and 7) 0.0511
University of Missouri—Columbia	3 hours	8.0

* Facility is subject to State Enforceable Agreement.

** [Boiler 6 at the Lake Road Plant is limited to a 24-hour daily block average of 1,400 pounds of SO₂/hour.] **Kansas City Power & Light—The SO₂ emission rate comes from the Prevention of Significant Deterioration permit for Unit 5A and is implemented in accordance with the terms of the permit.**

***Boiler 6 at the Lake Road Plant is limited to a 24-hour daily block average of 1,400 pounds of SO₂/hour.

C. Compliance with paragraph (3)(C)2. of this rule shall be determined by source testing as specified in subsection (5)(B) of this rule.

D. Other methods approved by the staff director in advance may be used.

E. Owners or operators of sources and installations subject to paragraph (3)(C)2. of this rule shall furnish the director such data as s/he may reasonably require to determine whether compliance is being met.

3. Indirect heating sources located in Franklin, Jefferson, St. Louis, St. Charles Counties or City of St. Louis.

A. Restrictions applicable to installations with a capacity of two thousand (2,000) million or more Btus per hour.

(I) No person shall cause or permit the emission of sulfur dioxide to the atmosphere from any installation with a capacity of two thousand (2,000) million or more Btus per hour in an amount greater than two and three-tenths pounds (2.3 lbs.) of sulfur dioxide per million Btus of actual heat input averaged on any consecutive three (3)-hour time period unless that source is listed in part (3)(C)3.A.(II) of this rule or is subject to a provision of 10 CSR 10-6.070 New Source Performance Regulations with an applicable sulfur compound emission limit.

(II) The following existing installations shall limit their sulfur dioxide emissions into the atmosphere from the combustion of any fuels to the allowable amount of sulfur dioxide per million Btus of actual heat input listed:

Facility	Emission Rate per Unit* (Pounds Sulfur Dioxide Per Million Btus)
Ameren UE—Labadie Plant	4.8
Ameren UE— Portage des Sioux Plant	4.8

*Daily average, 00:01 to 24:00

(III) Owners or operators of sources and installations subject to paragraph (3)(C)3. of this rule shall furnish the director such data as s/he may reasonably require to determine whether compliance is being met.

(IV) Each source subject to limitations under subparagraph (3)(C)3.A. of this rule may emit sulfur dioxide at a rate not to exceed the allowable emission rate by more than twenty percent (20%) for not more than three (3) days in any one (1) month.

(V) Compliance with part (3)(C)3.A.(II) of this rule shall be demonstrated by sulfur dioxide and either carbon dioxide or oxygen continuous monitoring devices, which devices, within ninety (90) days of the date part (3)(C)3.A.(II) of this rule becomes effective (July 12, 1979) as to any source or before January 1, 1982, in the case of Ameren UE Company's Labadie Plant, shall be certified by the owner or operator to be installed and operational in accordance with Performance Specifications 2 and 3, 40 CFR part 60, Appendix B. The devices shall also be operated and maintained in accordance with the procedures and standards set out at 40 CFR 60.13(d) and (e)(2).

(VI) Reports shall be as specified in section (4) of this rule.

B. Restrictions applicable to installations with a capacity of less than two thousand (2,000) million Btus per hour.

(I) During the months of October, November, December, January, February and March of every year, no person shall burn or permit the burning of any coal containing more than two percent (2%) sulfur or of any fuel oil containing more than two percent (2%) sulfur in any installation having a capacity of less than two thousand (2,000) million Btus per hour. Otherwise, no person shall burn or permit the burning of any coal or fuel oil containing more than four percent (4%) sulfur in any installation having a capacity of less than two thousand (2,000) million Btus per hour.

(II) Part (3)(C)3.B.(I) of this rule shall not apply to any installation if it can be shown that emissions of sulfur dioxide from the installation into the atmosphere will not exceed two and three-tenths (2.3) pounds per million Btus of heat input to the installation.

(III) Owners or operators of sources and installations subject to this section shall furnish the director such data as s/he may reasonably require to determine whether compliance is being met.

C. Compliance with paragraph (3)(C)3. of this rule shall be determined by source testing as specified in subsection (5)(B) of this rule.

D. Other methods approved by the staff director in advance may be used.

AUTHORITY: section 643.050, RSMo 2000. Original rule filed Jan. 19, 1996, effective Aug. 30, 1996. Amended: Filed Sept. 29, 2003, effective May 30, 2004. Amended: Filed June 26, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed amendment will begin at 9:00 a.m., September 27, 2007. The public hearing will be held at the Radisson Hotel & Suites, Salon A, 1301 Wyandotte, Kansas City, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Written request to be heard should be submitted at least seven (7) days prior to the hearing to Director, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176, (573) 751-4817. Interested persons, whether or not heard, may submit a written statement of their views until 5:00 p.m., October 4, 2007. Written comments shall be sent to Chief, Operations Section, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176.

Title 11—DEPARTMENT OF PUBLIC SAFETY

Division 10—Adjutant General

Chapter 3—National Guard Member Educational Assistance Program

PROPOSED AMENDMENT

11 CSR 10-3.015 State Sponsored Missouri National Guard Member Educational Assistance Program. The Adjutant General is amending paragraph (3)(I)1.

PURPOSE: This amendment changes the requirements for tuition assistance repayments to the Missouri National Guard Member Educational Assistance Program.

(3) Fiscal Management.

(I) Loss of Membership.

1. If a recipient of state educational assistance ceases to *[be a member of the Missouri National Guard]* **maintain their active military affiliation** while enrolled in *[a course of study or within three (3) years after completion of a course of study]* **an academic semester or term** for any reason except death, *[or]* disability, **or medical disqualification** the educational assistance shall be terminated and the recipient shall repay to the state of Missouri any amounts awarded **for the academic semester or term**.

2. Recipients of state educational assistance who cease to be members of the Missouri National Guard, and who are required to reimburse the state of Missouri, will be notified of the amount owed

by certified letter from the program administrator. Reimbursement payments will be accepted only in the form of check or money order payable to the Treasurer, State of Missouri.

AUTHORITY: section 173.239, RSMo [2000] Supp. 2006. Emergency rule filed July 30, 1998, effective Aug. 28, 1998, expired Feb. 25, 1999. Original rule filed July 30, 1998, effective Feb. 28, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed June 25, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Adjutant General, Attention JFMO-SX, 2302 Militia Drive, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions more than fifty thousand dollars (\$50,000) in the aggregate in SFY 2008.

PRIVATE COST: This proposed amendment will cost private entities \$55,287,326 in SFY 2008.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General Applicability**

PROPOSED AMENDMENT

**13 CSR 70-3.170 Medicaid Managed Care Organization
Reimbursement Allowance.** The division is adding section (4).

PURPOSE: This amendment will establish the Medicaid Managed Care Organizations' Reimbursement Allowance each Medicaid Managed Care Organization is required to pay for the six (6)-month period of July 2007 through December 2007 at five and ninety-nine hundredths percent (5.99%) and for the six (6)-month period January 2008 through June 2008 at five and forty-nine hundredths percent (5.49%).

(4) Medicaid MCORA Rates for SFY 2008. The Medicaid MCORA rates for SFY 2008 determined by the division, as set forth in (1)(B) above, are as follows:

(A) The Medicaid MCORA will be five and ninety-nine hundredths percent (5.99%) of the prior month Total Revenues received by each Medicaid MCO for each month of the six (6)-month period of July 2007 through December 2007, and five and forty-nine hundredths percent (5.49%) of the prior month Total Revenues received by each Medicaid MCO for each month of the six (6)-month period of January 2008 through June 2008. The Medicaid MCORA will be collected each month for SFY 2008 (July 2007 through June 2008). No Medicaid MCORA shall be collected by the Department of Social Services if the federal Centers for Medicare and Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act.

AUTHORITY: sections 208.201, RSMo 2000 and 208.431 and 208.435, RSMo Supp. [2005] 2006. Original rule filed June 1, 2005, effective Dec. 30, 2005. For intervening history please consult the Code of State Regulations. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. Amended: Filed June 20, 2007.

FISCAL NOTE**PUBLIC COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services Division of Medical Services	SFY 2008 - \$50,000

III. WORKSHEET

For SFY 2008, since the capitation rates must be increased to reflect the additional cost of the tax to the Medicaid MCOs and the capitation payments must be actuarially sound, additional administrative costs will be incurred by the Department to obtain this actuarial certification to satisfy federal managed care rules. The Department estimates an additional \$50,000 in actuarial costs for this certification.

IV. ASSUMPTIONS

Since the provider tax is a cost of doing business in the state, the administration portion of the Medicaid MCO capitation payment would increase to take into account the tax paid on a per member, per month basis. All amounts remitted shall be deposited in the Medicaid Managed Care Organization Reimbursement Allowance Fund for the sole purpose of providing payment to the Medicaid managed care organizations.

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance (MCORA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
6	Medicaid Managed Care Organizations doing business in the State of Missouri	SFY 2008=\$55,287,326

III. WORKSHEET

The fiscal note is based on establishing the SFY 2008 MCORA assessment percentage at 5.99% for the six month period of July 2007 through December 2007 and 5.49% for the six month period of January 2008 through June 2008.

IV. ASSUMPTIONS

The SFY 2008 MCORA assessment is based on prior month total revenue multiplies by 5.99% tax assessment rate for July 2007 through December 2007 and a 5.49% tax assessment rate for January 2008 through June 2008. The estimated impact of the Medicaid Managed Care provider tax assessment is \$55,287,326.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 10—Nursing Home Program

PROPOSED AMENDMENT

13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services. The division is adding subparagraph (4)(A)1.J.

PURPOSE: This amendment outlines how the Fiscal Year 2008 trend factor will be applied to adjust per diem rates for ICF/MRs participating in the Medicaid program.

(4) Prospective Reimbursement Rate Computation.

(A) Except in accordance with other provisions of this rule, the provisions of this section shall apply to all providers of ICF/MR services certified to participate in Missouri's Medicaid program.

1. ICF/MR facilities.

A. Except in accordance with other provisions of this rule, the Missouri Medical Assistance Program shall reimburse providers of these LTC services based on the individual Medicaid-recipient days of care multiplied by the Title XIX prospective per */-diem* rate less any payments collected from recipients. The Title XIX prospective per */-diem* reimbursement rate for the remainder of state Fiscal Year 1987 shall be the facility's per */-diem* reimbursement payment rate in effect on October 31, 1986, as adjusted by updating the facility's allowable base year to its 1985 fiscal year. Each facility's per */-diem* costs as reported on its Fiscal Year 1985 Title XIX cost report will be determined in accordance with the principles set forth in this rule. If a facility has not filed a 1985 fiscal year cost report, the most current cost report on file with the department will be used to set its per */-diem* rate. Facilities with less than a full twelve (12)-month 1985 fiscal year will not have their base year rates updated.

B. For state FY-88 and dates of service beginning July 1, 1987, the negotiated trend factor shall be equal to two percent (2%) to be applied in the following manner: Two percent (2%) of the average per */-diem* rate paid to both state- and nonstate-operated ICF/MR facilities on June 1, 1987, shall be added to each facility's rate.

C. For state FY-89 and dates of service beginning January 1, 1989, the negotiated trend factor shall be equal to one percent (1%) to be applied in the following manner: One percent (1%) of the average per */-diem* rate paid to both state- and nonstate-operated ICF/MR facilities on June 1, 1988 shall be added to each facility's rate.

D. For state FY-91 and dates of service beginning July 1, 1990, the negotiated trend factor shall be equal to one percent (1%) to be applied in the following manner: One percent (1%) of the average per */-diem* rate paid to both state- and nonstate-operated ICF/MR facilities on June 1, 1990, shall be added to each facility's rate.

E. FY-96 negotiated trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning January 1, 1996, of six dollars and seven cents (\$6.07) per patient day for the negotiated trend factor. This adjustment is equal to four and six-tenths percent (4.6%) of the weighted average per */-diem* rates paid to nonstate-operated ICF/MR facilities on June 1, 1995, of one hundred and thirty-one dollars and ninety-three cents (\$131.93).

F. State FY-99 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 1998, of four dollars and forty-seven cents (\$4.47) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on June 30, 1998, of one hundred forty-eight dollars and ninety-nine cents (\$148.99).

G. State FY-2000 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 1999, of four dollars and sixty-three cents (\$4.63) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on April 30, 1999, of one hundred fifty-four dollars and forty-three cents (\$154.43). This increase shall only be used for increases for the salaries and fringe benefits for direct care staff and their immediate supervisors.

H. State FY-2001 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase to their per */-diem* rates effective for dates of service beginning July 1, 2000, of four dollars and eighty-one cents (\$4.81) per patient day for the trend factor. This adjustment is equal to three percent (3%) of the weighted average per */-diem* rate paid to nonstate-operated ICF/MR facilities on April 30, 2000, of one hundred sixty dollars and twenty-three cents (\$160.23). This increase shall only be used for increases for salaries and fringe benefits for direct care staff and their immediate supervisors.

I. State FY-2007 trend factor. All nonstate-operated ICF/MR facilities shall be granted an increase of seven percent (7%) to their per */-diem* rates effective for dates of service billed for state fiscal year 2007. This adjustment is equal to seven percent (7%) of the per diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2006.

J. State FY-2008 trend factor. Effective for dates of service beginning July 1, 2007, all nonstate-operated ICF/MR facilities shall be granted an increase to their per diem rates of two percent (2%) for the trend factor. This adjustment is equal to two percent (2%) of the per diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2007.

2. Adjustments to rates. The prospectively determined reimbursement rate may be adjusted only under the following conditions:

A. When information contained in a facility's cost report is found to be fraudulent, misrepresented or inaccurate, the facility's reimbursement rate may be reduced, both retroactively and prospectively, if the fraudulent, misrepresented or inaccurate information as originally reported resulted in establishment of a higher reimbursement rate than the facility would have received in the absence of this information. No decision by the Medicaid agency to impose a rate adjustment in the case of fraudulent, misrepresented or inaccurate information in any way shall affect the Medicaid agency's ability to impose any sanctions authorized by statute or rule. The fact that fraudulent, misrepresented or inaccurate information reported did not result in establishment of a higher reimbursement rate than the facility would have received in the absence of the information also does not affect the Medicaid agency's ability to impose any sanctions authorized by statute or rules;

B. In accordance with subsection (6)(B) of this rule, a newly constructed facility's initial reimbursement rate may be reduced if the facility's actual allowable per */-diem* cost for its first twelve (12) months of operation is less than its initial rate;

C. When a facility's Medicaid reimbursement rate is higher than either its private pay rate or its Medicare rate, the Medicaid rate will be reduced in accordance with subsection (2)(B) of this rule;

D. When the provider can show that it incurred higher cost due to circumstances beyond its control and the circumstances are not experienced by the nursing home or ICF/MR industry in general, the request must have a substantial cost effect. These circumstances include, but are not limited to:

(I) Acts of nature, such as fire, earthquakes and flood, that are not covered by insurance;

(II) Vandalism, civil disorder, or both; or

(III) Replacement of capital depreciable items not built into existing rates that are the result of circumstances not related to normal wear and tear or upgrading of existing system;

E. When an adjustment to a facility's rate is made in accordance with the provisions of section (6) of this rule; or

F. When an adjustment is based on an Administrative Hearing Commission or court decision.

*AUTHORITY: sections 208.153, 208.159 and 208.201, RSMo 2000. This rule was previously filed as 13 CSR 40-81.083. Original rule filed Aug. 13, 1982, Effective Nov. 11, 1982. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. Amended: Filed June 20, 2007.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately one hundred nineteen thousand and ninety-four dollars (\$119,094) for SFY 2008.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE**PUBLIC COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services Division of Medical Services	Annual estimated cost: SFY 2008 = \$119,094

III. WORKSHEET

SFY 2008:

Estimated Paid Days: SFY 2008	31,308
x Average Rate Increase	\$ 3.80*
Total Estimated Impact: SFY 2008	<u>\$119,094</u>

IV. ASSUMPTIONS

Effective for dates of service billed for state fiscal year 2008, ICF/MR facilities Medicaid per-diem rates will be increased by two percent (2%). The adjustment for each facility is calculated by multiplying two percent (2%) by the per diem rate paid on June 30, 2007.

- * The average rate increase was computed. The estimated impact was determined by adding the impact for each facility which was determined by multiplying the estimated days for each facility by each facility's specific rate increase that reflected a two percent (2%) increase.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
The division is adding section (15).

PURPOSE: This amendment will establish the State Fiscal Year (SFY) 2008 Federal Reimbursement Allowance (FRA) assessment at five and ninety-nine hundredths percent (5.99%) for the period beginning July 1, 2007 and ending December 31, 2007, and at five and forty-nine hundredths percent (5.49%) for the period beginning January 1, 2008 and ending June 30, 2008. The two (2) assessment rates for SFY 2008 are required because of federal law limiting the allowable assessment of provider taxes to five and five-tenths percent (5.5%) of revenues effective January 1, 2008.

(15) Federal Reimbursement Allowance (FRA) for State Fiscal Year (SFY) 2008. The FRA assessment for SFY 2008 shall be determined at the rate of five and ninety-nine hundredths percent (5.99%) for July 1 through December 31, 2007, and five and forty-nine hundredths percent (5.49%) for January 1 through June 30, 2008, of the hospital's total operating revenue less tax revenue/other government appropriations plus non-operating gains and losses as published by the Missouri Department of Health and Senior Services, Section of Health Statistics. The base financial data for 2004 will be annualized, if necessary, and will be adjusted by the trend factor listed in 13 CSR 70-15.010(3)(B) to determine revenues for the current state fiscal year. The financial data that is submitted by the hospitals to the Missouri Department of Health and Senior Services is required as part of 19 CSR 10-33.030 Reporting Financial Data by Hospitals. If the pertinent information is not available through the Department of Health and Senior Services' hospital database, the Division of Medical Services will use the Medicaid data similarly defined from the Medicaid cost report that is required to be submitted pursuant to 13 CSR 70-15.010(5)(A).

AUTHORITY: sections 208.201, 208.453 and 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2007, effective July 1, 2007, expires Dec. 27, 2007. Amended: Filed June 20, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate in SFY 2008.

PRIVATE COST: This proposed amendment will cost private entities \$872,286,715 in SFY 2008.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

FISCAL NOTE**PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
135	Hospitals	Annual estimated cost: \$872,286,715

III. WORKSHEET

The fiscal note is based on establishing the FRA assessment rate at 5.99% for the first 6 months of SFY 2008 (July 1 through December 31, 2007) and 5.49% for the rest of SFY 2008 (January 1 through June 30, 2008).

IV. ASSUMPTIONS

The SFY 2008 FRA assessment rates of 5.99% for July 1 through December 31, 2007, and 5.49% for January 1 through June 30, 2008, are levied upon Missouri hospitals' total operating revenue, less tax revenue and other governmental appropriations, plus non-operating gains and losses, of approximately \$15,090,399,999.

The 135 hospitals reported above include 38 hospitals that are owned or controlled by the state, counties, cities, or hospital districts. The impact on these hospitals is \$120,552,039.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.021 Organization and Management for Hospitals.

This rule established standards for the operations of hospitals. This rule established standards for the administration, medical staff, nursing staff and supporting departments to provide a high level of care.

PURPOSE: This rule is being rescinded as it is being broken in parts and refiled as new rules.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2005. This rule originally filed as 13 CSR 50-20.021 and 19 CSR 10-20.021. Original rule filed June 2, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Rescinded: Filed June 27, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with David S. Durbin, Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. Telephone (573) 522-8535. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.080 Governing Body of Hospitals

PURPOSE: This rule defines governing body and establishes standards for the governing body of hospitals.

(1) The governing body is defined as an individual owner(s), partnership, corporate body, association or public agency having legal responsibility for the operation of a hospital subject to provisions of sections 197.020–197.120, RSMo.

(2) The governing body shall be the legal authority in the hospital and shall be responsible for the overall planning, directing, control and management of the activities and functions of the hospital.

(3) The governing body shall establish and adopt bylaws to provide for the appointment of a qualified chief executive officer and members of the medical staff and of the delegation of authority and responsibility to each. A copy of the governing body bylaws and of all amendments or revisions shall be submitted to the Department of Health for its records.

(4) Meetings of the governing body shall be held at regular, stated intervals and at other times necessary for proper operation of the hos-

pital. Minutes of all meetings shall be kept as permanent records, signed and made available to members of the governing body.

(5) Bylaws of the governing body shall provide for the election of officers and for the appointment of standing and special committees necessary to effectively carry out its responsibilities. Written minutes of all committee meetings shall be maintained on a confidential basis.

(6) Bylaws of the governing body shall establish a direct and effective means of liaison among the governing body, the administration and the medical staff.

(7) The governing body shall select and employ a chief executive officer who should be qualified, by education and experience, in the field of hospital or health care administration.

(8) Bylaws of the governing body shall describe and convey authority to the chief executive officer for the administration of the hospital in all its activities. The chief executive officer shall be subject to special policies adopted or specific orders issued by the governing body in accordance with its bylaws.

(9) The Department of Health shall be notified of any change in the appointment of the chief executive officer.

(10) Bylaws of the governing body shall require that the medical staff, hospital personnel and all auxiliary organizations, directly or indirectly, shall be responsible to the governing body through the chief executive officer.

(11) Bylaws of the governing body shall require that a qualified individual be designated by the chief executive officer to act in his/her absence.

(12) Duly appointed representatives of the Department of Health shall be allowed to inspect the hospital as required in section 197.100, RSMo.

(13) Bylaws of the governing body shall provide for the selection and appointment of medical staff members based upon defined criteria and in accordance with an established procedure for processing and evaluating applications for membership. Applications for appointment and reappointment shall be in writing and shall signify agreement of the applicant to conform with bylaws of both the governing body and medical staff and to abide by professional ethical standards. Initial appointments to the medical staff shall not exceed two (2) years. Reappointments, which may be processed and approved at the discretion of the governing body on a monthly or other cyclical pattern, shall not exceed two (2) years.

(14) Bylaws of the governing body shall require that the medical staff develop and adopt medical staff bylaws and rules which shall become effective when approved by the governing body.

(15) The governing body, acting upon recommendations of the medical staff, shall approve or disapprove appointments and on the basis of established requirements shall determine the privileges extended to each member of the staff.

(16) Bylaws of the governing body shall provide that notification of denial of appointment, reappointment, curtailment, suspension, revocation or modification of privileges shall be in writing and shall indicate the reason(s) for this action.

(17) The governing body shall establish mechanisms which assure the hospital's compliance with mandatory federal, state and local laws, rules and standards.

(18) Although independent licensed practitioners are not authorized membership to the medical staff, the governing body may include provisions within its bylaws to grant licensed practitioners clinical privileges, on an outpatient basis, for diagnostic and therapeutic tests and treatment. The privileges shall be within the scope and authority of each practitioner's current Missouri license and practice act.

(A) The provisions shall include a mechanism to assure that independent practitioners who provide services have clinical privileges delineated by the governing body or designee.

(B) The mechanism shall include criteria for a review of an independent practitioner's credentials at least every two (2) years. At a minimum, the criteria shall include documentation of a current license, relevant training and experience, and competency.

(19) The governing body shall establish and implement a mechanism which assures compliance with the reporting requirements in section 383.133, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021 (2)(A). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$3,723,501 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$11,005,696 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30 – 20.080 Governing Body of Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities, or Hospital Districts	\$3,703,840
Department of Health and Senior Services	\$19,661
Total	\$3,723,501

III. WORKSHEET

Public Hospitals

1995 cost of Governing Body, Administration (CEO), and Medical Staff per hospital = \$240,000.

1995 cost of Governing Body = \$240,000 ÷ 3 = \$80,000 per hospital.

1995 cost of Governing Body for all public hospitals = \$80,000 x 35 = \$2,800,000 aggregate cost for 35 public hospitals.

2006 cost of Governing Body for all public hospitals = \$2,800,000 x 1.3228 inflation factor = \$3,703,840 aggregate cost.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration, and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost of the Governing Body requirements was bundled with the costs of Administration and Medical Staff.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost of the Governing Body in the current calculations.
4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30 – 20.080 Governing Body
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$11,005,696

III. WORKSHEET

1995 cost of Governing Body, Administration, and Medical Staff per hospital = \$240,000.

1995 cost of Governing Body = $\$240,000 \div 3 = \$80,000$ per hospital.

1995 cost of Governing Body for all private hospitals = $\$80,000 \times 104 = \$8,320,000$ aggregate cost for 104 private hospitals.

2006 cost of Governing Body for all private hospitals = $\$8,320,000 \times 1.3228$ inflation factor = \$11,005,696 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration, and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost for the Governing Body requirements was bundled with the costs of Administration and Medical Staff.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost of Governing Body in the current calculations.

4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.082 Chief Executive Officer in Hospitals

PURPOSE: This rule specifies the duties of the chief executive officer of a hospital.

(1) The chief executive officer shall be the direct representative of the governing body and shall be responsible for management of the hospital commensurate with the authority delegated by the governing body in its bylaws.

(2) The chief executive officer shall be responsible for maintaining liaison among the governing body, medical staff and all departments of the hospital.

(3) The chief executive officer shall organize the administrative functions of the hospital through appropriate departmentalization and delegation of duties and shall establish a system of authorization, record procedures and internal controls.

(4) The chief executive officer shall be responsible for the recruitment and employment of qualified personnel to staff the various departments of the hospital and shall insure that written personnel policies and job descriptions are available to all employees.

(5) The chief executive officer shall be responsible for the development and enforcement of written policies and procedures governing visitors to all areas of the hospital.

(6) The chief executive officer shall be responsible for establishing effective security measures to protect patients, employees and visitors.

(7) The chief executive officer shall maintain policies protecting children admitted to or discharged from the hospital. Policies shall provide for at least the following:

(A) A child shall not be released to anyone other than the child's parent(s), legal guardian or custodian;

(B) The social work service personnel shall have knowledge of available social services for unmarried mothers and for the placement of children;

(C) Adoption placements shall comply with section 453.010, RSMo; and

(D) The reporting of suspected incidences of child abuse shall be made to the Division of Family Services as established under section 210.120, RSMo.

(8) The chief executive officer shall be responsible for developing a written emergency preparedness plan. The plan shall include procedures which provide for safe and orderly evacuation of patients, visitors and personnel in the event of fire, explosion or other internal disaster. The plan shall also include procedures for caring for mass casualties resulting from any external disaster in the region.

(9) The emergency plan in section (8) of this rule shall be readily available to all personnel. The chief executive officer is responsible for ensuring all employees shall be instructed regarding their responsibilities during an emergency. Drills for internal disasters, such as fires, shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. Annual drills for external disasters shall be held in coordination with representatives of local emergency preparedness offices. The movement of hospital patients is not required as a part of the drills.

(10) The chief executive officer shall be responsible for carrying out policies of the governing body to ensure that patients are admitted to the hospital only by members of the medical staff and that each patient's general medical condition shall be the primary responsibility of a physician member of the medical staff.

(11) The chief executive officer shall bring to the attention of the chief of the medical staff and governing body failure by members of that staff to conform with established hospital policies regarding administrative matters, professional standards or the timely preparation and completion of each patient's clinical record.

(12) The chief executive officer shall be responsible for developing and maintaining a hospital environment which provides for efficient care and safety of patients, employees and visitors.

(13) The chief executive officer shall be responsible for the development and enforcement of written policies and procedures which prohibit the use of tobacco products throughout the hospital and its facilities. At a minimum, such policies and procedures shall include a description of the area encompassed by the tobacco-free policy; how employees, patients and visitors will be educated and informed about the tobacco-free policy; who is responsible for enforcing the tobacco-free policy and how the tobacco-free policy will be enforced; how the hospital will address an employee's, patient's, or visitor's failure to comply with the tobacco-free policy; and how the hospital, if subject to Medicare Conditions of Participation for Long-Term Care Facilities, will comply with 42 CFR 483.15(b)(3). The chief executive officer shall enforce compliance with the written policies and procedures prohibiting the use of tobacco products throughout the hospital and its facilities beginning one (1) year from the effective date of this amendment.

(14) An annual licensing survey for each fiscal year shall be filed with the department on the survey document provided by the Department of Health and Senior Services. The survey shall be due within two (2) months after the hospital's receipt of the survey.

(15) The chief executive officer shall be responsible for establishing and implementing a mechanism which will assure that patient services provide care or an appropriate referral that is commensurate with the patient's needs. If services are provided by contract, the contractor shall furnish services that permit the hospital to comply with all applicable hospital licensing requirements.

(16) The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that all equipment and physical facilities used by the hospital to provide patient services, including those services provided by a contractor, comply with applicable hospital licensing requirements.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(2)(B). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$3,723,501 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$11,005,696 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST****I. RULE NUMBER**

Rule Number and Name:	19 CSR 30 – 20.082 Chief Executive Officer in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities, or Hospital Districts	\$3,703,840
Department of Health and Senior Services	\$19,661
Total	\$3,723,501

III. WORKSHEET**Public Hospitals**

1995 cost of Governing Body, Administration, and Medical Staff per hospital = \$240,000.

1995 cost of Medical Staff = $\$240,000 \div 3 = \$80,000$ per hospital.

1995 cost of Medical Staff for all public hospitals = $\$80,000 \times 35 = \$2,800,000$ aggregate cost for 35 public hospitals.

2006 cost of Medical Staff for all public hospitals = $\$2,800,000 \times 1.3228$ inflation factor = \$3,703,840 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration, and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost for the Medical Staff requirements was bundled with the costs for Administration and Governing Body.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost for Medical Staff in the current calculations.
4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	19 CSR 30 – 20.082 Chief Executive Officer in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$11,005,696

III. WORKSHEET

1995 cost of Governing Body, Administration (CEO), and Medical Staff per hospital = \$240,000.

1995 cost of Administration (CEO) = $\$240,000 \div 3 = \$80,000$ per hospital.

1995 cost of Administration (CEO) for all private hospitals = $\$80,000 \times 104 = \$8,320,000$ aggregate cost for 104 private hospitals.

2006 cost of Administration (CEO) for all private hospitals = $\$8,320,000 \times 1.3228$ inflation factor = \$11,005,696 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration (Chief Executive Officer), and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost for Administration (Chief Executive Officer) was bundled with the costs for Governing Body and Medical Staff.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost for Administration (CEO) in the current calculations.
4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.084 Patients' Rights in Hospitals

PURPOSE: This rule establishes the minimum requirements necessary to assure patients' rights are protected.

(1) The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that patients' rights are protected. At a minimum, the mechanism shall include the following:

(A) The patient has the right to be free from abuse, neglect or harassment;

(B) The patient has the right to be treated with consideration and respect;

(C) The patient has the right to protective oversight while a patient in the hospital;

(D) The patient or his/her designated representative has the right to be informed regarding the hospital's plan of care for the patient;

(E) The patient or his/her designated representative has the right to be informed, upon request, regarding general information pertaining to services received by the patient;

(F) The patient or his/her designated representative has the right to review the patient's medical record and to receive copies of the record at a reasonable photocopy fee;

(G) The patient or his/her designated representative has the right to participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service;

(H) When a patient has brought personal possessions to the hospital, s/he has the right to have these possessions reasonably protected;

(I) The patient has the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal. The patient has the right to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law;

(J) The patient, responsible party or designee has the right to participate in treatment decisions and the care planning process;

(K) The patient has the right to be informed of the hospital's patient grievance policies and procedures, including who to contact and how; and

(L) The patient has the right to file a formal or informal verbal or written grievance and to expect a prompt resolution of the grievance, including a timely written notice of the resolution. The grievance may be made by a patient or the patient's representative. Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance for purposes of this requirement. The written notice of the resolution should include information on the steps taken on behalf of the patient to investigate the grievance, the results of the investigation, and the date the investigation was completed. If the corrective action is still being evaluated, the hospital's response should state that the hospital is still working to resolve the grievance and the hospital will follow-up with another written response when the investigation is complete or within a specified time frame.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(2)(B)17. Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.086 Medical Staff in Hospitals

PURPOSE: This rule specifies the requirements for the organization of the medical staff in a hospital.

(1) The medical staff shall be organized, shall develop and, with the approval of the governing body, shall adopt bylaws, rules and policies governing their professional activities in the hospital.

(2) Medical staff membership shall be limited to physicians, dentists, psychologists and podiatrists. They shall be currently licensed to practice their respective professions in Missouri. The bylaws of the medical staff shall include the procedure to be used in processing applications for medical staff membership and the criteria for granting initial or continuing medical staff appointments and for granting initial, renewed or revised clinical privileges.

(3) No application for membership on the medical staff shall be denied based solely upon the applicant's professional degree or the school or health care facility in which the practitioner received medical, dental, psychology or podiatry schooling, postgraduate training or certification, if the schooling or postgraduate training for a physician was accredited by the American Medical Association or the American Osteopathic Association, for a dentist was accredited by the American Dental Association's Commission on Dental Accreditation, for a psychologist was accredited with accordance to Chapter 337, RSMo and for a podiatrist was accredited by the American Podiatric Medical Association. Each application for staff membership shall be considered on an individual basis with objective criteria applied equally to each applicant.

(4) Each physician, dentist, psychologist or podiatrist requesting staff membership shall submit a complete written application to the chief executive officer of the hospital or his designee on a form approved by the governing body. Each application shall be accompanied by evidence of education, training, professional qualifications, license and and other information required by the medical staff bylaws or policies.

(5) Written criteria shall be developed for privileges extended to each member of the staff. A formal mechanism shall be established for recommending to the governing body delineation of privileges, curtailment, suspension or revocation of privileges and appointments and reappointments to the medical staff. The mechanism shall include an inquiry of the National Practitioner Data Bank. Bylaws of

the medical staff shall provide for hearing and appeal procedures for the denial of reappointment and for the denial, revocation, curtailment, suspension, revocation, or other modification of clinical privileges of a member of the medical staff.

(6) Any applicant for medical staff membership who is denied membership or whose completed application is not acted upon in ninety (90) calendar days of completion of verification of credentials data or a medical staff member whose membership or privileges are terminated, curtailed or diminished in any way shall be given in writing the reasons for the action or lack of action. The reasons shall relate to, but not be limited to, patient welfare, the objectives of the institution, the inability of the organization to provide the necessary equipment or trained staff, contractual agreements, or the conduct or competency of the applicant or medical staff member.

(7) Initial appointments to the medical staff shall not exceed two (2) years. Reappointments, which may be processed and approved at the discretion of the governing body on a monthly or other cyclical pattern, shall not exceed two (2) years.

(8) The medical staff bylaws shall provide for—an outline of the medical staff organization; designation of officers, their duties and qualifications and methods of selecting the officers; committee functions; and an appeal and hearing process.

(9) The medical staff bylaws shall provide for an active staff and other categories as may be designated in the governing body bylaws. The medical staff bylaws shall describe the voting rights, attendance requirements, eligibility for holding offices or committee appointments, and any limitations or restrictions identified with location of residence or office practice for each category.

(10) The organized medical staff shall meet at intervals necessary to accomplish its required functions. A mechanism shall be established for monthly decision-making by or on behalf of the medical staff.

(11) Written minutes of medical staff meetings shall be recorded. Minutes containing peer review information shall be retained on a confidential basis in the hospital. The medical staff determine retention guidelines and guidelines for release of minutes not containing peer review materials.

(12) The medical staff as a body or through committee shall review and evaluate the quality of clinical practice of the medical staff in the hospital in accordance with the medical staff's peer review function and performance improvement plan and activities.

(13) The medical staff shall establish in its bylaws or rules criteria for the content of patients' records provisions for their timely completion and disciplinary action for noncompliance.

(14) Bylaws of the medical staff shall require that at all times at least one (1) physician member of the medical staff shall be on duty or available within a reasonable period of time for emergency service.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(2)(C). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$3,723,501 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$11,005,696 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.086 Medical Staff in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$3,703,840
Department of Health and Senior Services	\$19,661
Total	\$3,723,501

III. WORKSHEET**Public Hospitals**

1995 cost of Governing Body, Administration, and Medical Staff per hospital = \$240,000.

1995 cost of Medical Staff = $\$240,000 \div 3 = \$80,000$ per hospital.

1995 cost of Medical Staff for all public hospitals = $\$80,000 \times 35 = \$2,800,000$ aggregate cost for 35 public hospitals.

2006 cost of Medical Staff for all public hospitals = $\$2,800,000 \times 1.3228$ inflation factor = \$3,703,840 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
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Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration, and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost for the Medical Staff requirements was bundled with the costs for Administration and Governing Body.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost for Medical Staff in the current calculations.
4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.086 Medical Staff in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private General/Acute care hospitals	\$11,005,696

III. WORKSHEET

1995 cost of Governing Body, Administration, and Medical Staff per hospital = \$240,000.

1995 cost of Medical Staff = $\$240,000 \div 3 = \$80,000$ per hospital.

1995 cost of Medical Staff for all private hospitals = $\$80,000 \times 104 = \$8,320,000$
 aggregate cost for 104 private hospitals.

2006 cost of Medical Staff for all private hospitals = $\$8,320,000 \times 1.3228$ inflation factor
 = \$11,005,696 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of the programs and services required by 19 CSR 30-20.021 (2), Governing Body, Administration, and Medical Staff, through an analysis of six (6) hospitals.
2. In the 1995 fiscal note, the cost for the Medical Staff requirements was bundled with the costs for Administration and Governing Body.
3. The bundled amount for the six (6) hospitals in 1995 was \$240,000 per hospital. This has been divided by three (3) to obtain an estimated cost for Medical Staff in the current calculations.
4. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.

5. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.088 Central Services in Hospitals

PURPOSE: This rule specifies the manner in which central services shall be organized and integrated in a hospital.

(1) Central services shall be organized and integrated with patient care services in the hospital.

(2) The director of central services shall be qualified by education, training and experience in aseptic technique, principles of sterilization and disinfection and distribution of medical/surgical supplies. The director shall be responsible to an administrative officer or a qualified designee.

(3) Sufficient supervisory and support staff shall be assigned as related to the scope of services provided.

(4) Sufficient space and equipment shall be provided for the safe and efficient operation of the services as determined by the scope of hospital services delivered.

(5) Policies and procedures shall define the activities of all services provided. Sterilization and disinfection standards of practice shall be established. The principles of the Association for Practitioners in Infection Control, Association of Operating Room Nurses, Center for Disease Control and Prevention, American Society for Healthcare Central Service Personnel, Association for the Advancement of Medical Instrumentation, and others may be utilized to establish facility standards of practice for central services.

(6) Written procedures shall specify how items stored in central services can be obtained when central services is considered closed.

(7) Reprocessed packaged item(s) shall be identified as to content, show evidence of sterilization and be labeled indicating the sterilizer used and the load/cycle number. A policy on the shelf life of a packaged sterile item shall be established in accordance with acceptable standards of sterilization and dependent on the quality of the packaging material, storage conditions and the amount of handling of the item.

(8) Central services shall maintain documentation from the manufacturer that packaging material utilized for reprocessing is appropriate for this use. Expiration dates shall comply with the packaging material utilized.

(9) Sterile medical-surgical packaged items shall be handled only as necessary and stored in vermin-free areas where controlled ventilation, temperature and humidity are maintained. The integrity of sterile items shall be maintained throughout reprocessing, storage, distribution and transportation.

(10) Preventive maintenance of equipment shall be done as recommended by the manufacturer or as specified by hospital policy. Records shall be maintained as specified by hospital policy. Records shall include documentation that items processed by steam have undergone sufficient time, temperature and pressure and that items processed by ethylene oxide have undergone sufficient time, temperature, gas concentration and humidity to obtain pathogenic microbial kill.

(11) Ethylene oxide sterilized items shall be aerated as specified by hospital policy based on the manufacturer's recommendations to eliminate the hazards of toxic residue for both patient and staff.

(12) Principles of sterilization and disinfection as approved by the hospital's infection control committee shall apply throughout the hospital when central services activities are decentralized.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(A). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$12,020,288 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$35,659,005 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.088 Central Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$12,000,627
Department of Health and Senior Services	\$19,661
Total	\$12,020,288

III. WORKSHEET

Public Hospitals

1995 cost of Central Services per hospital = \$259,204.

1995 cost of Central Services for all public hospitals = \$259,204 x 35 = \$9,072,140
aggregate cost for 35 public hospitals.

2006 cost of Central Services for all public hospitals = \$9,072,140 x 1.3228 inflation factor = \$12,000,627 aggregate cost.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Central Services required by 19 CSR 30-20.021 (3)(A) through an analysis of six (6) hospitals.
2. The estimated cost of Central Services for the six (6) hospitals in 1995 was \$259,204 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).
5. Since public hospitals constitute about one-quarter of all licensed hospitals, total staff costs incurred in public hospitals will be estimated by multiplying this total by .25.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.088 Central Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$35,659,005

III. WORKSHEET

1995 cost of Central Services per hospital = \$259,204.

1995 cost of Central Services for all private hospitals = \$259,204 x 104 = \$26,957,216
aggregate cost for 104 private hospitals.

2006 cost of Central Services for all private hospitals = \$26,957,216 x 1.3228 inflation
factor = \$35,659,005 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Central Services required by 19 CSR 30-20.021 (3)(A) through an analysis of six (6) hospitals.
2. The estimated cost of Central Services for the six (6) hospitals in 1995 was \$259,204 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.090 Dietary Services in Hospitals

PURPOSE: This rule specifies the manner in which dietary services shall be organized and integrated in a hospital.

- (1) The hospital shall have a full-time employee designated who—
 - (A) Serves as director of dietary services;
 - (B) Is responsible for the daily management of the dietary services;
 - (C) Is qualified by education, training and experience in food service management and nutrition through an approved course for certification by the Dietary Managers Association or registration by the Commission on Dietetic Registration of the American Dietetic Association, or an associate degree in dietetics or food systems management; and
 - (D) Has documented evidence of annual continuing education.
- (2) When the director is not a qualified dietitian, a qualified dietitian shall be employed on a part-time or consultant basis. The dietitian shall make visits to the facility to assist in meeting the nutritional needs of the patients and the scope of services offered.
- (3) The qualified dietitian shall ensure that high quality nutritional care is provided to patients in accordance with recognized dietary practices. When the services of a qualified dietitian are used on a part-time or consultant basis, the following services shall be provided on the premises on a regularly scheduled basis:
 - (A) Continuing liaison with the administration, medical staff and nursing staff;
 - (B) Approval of planned, written menus, including modified diets; and
 - (C) Evaluation of menus for nutritional adequacy.
- (4) The consultant or part-time dietitian shall assist the director of dietary services to ensure—
 - (A) Patient and family counseling and diet instructions;
 - (B) Nutritional screening within three (3) days of admission to identify patients at nutritional risk. The hospital shall develop criteria to use in conducting the nutritional screening and staff who conduct the screening shall be trained to use the criteria;
 - (C) Comprehensive nutritional assessments within twenty-four (24) hours after screens on patients at nutritional risk, including height, weight and pertinent laboratory tests;
 - (D) Documentation of pertinent information in patient's records, as appropriate;
 - (E) Participation in committee activities concerned with nutritional care; and
 - (F) Planned, written menus for regular and modified diets.
- (5) The director of dietary services or his/her designee shall be responsible for—
 - (A) Representing the dietary service in interdepartmental meetings;
 - (B) Recommending the quantity and quality of food purchased;
 - (C) Participating in the selection, orientation, training, scheduling and supervision of dietary personnel;
 - (D) Interviewing the patients for food preferences and tolerances and providing appropriate substitutions;
 - (E) Monitoring adherence to the written planned menu; and
 - (F) Scheduling dietary services meetings.

(6) When the qualified dietitian serves as a consultant, written reports shall be submitted to and approved by the chief executive officer or designee concerning the services provided.

(7) The director of dietary services shall be responsible for developing and implementing written policies and procedures and for monitoring to assure they are followed. Policies and procedures shall be kept current and approved by the chief executive officer or designee.

(8) Dietary services shall be staffed with a sufficient number of qualified personnel.

(9) Menus shall be planned, written and followed to meet the nutritional needs of the patients as determined by the recommended dietary allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences or as modified by physician's order.

(10) Diets shall be prescribed in accordance with the diet manual approved by the qualified dietitian and the medical staff. The diet manual shall be available to all medical, nursing and food service personnel.

(11) At least three (3) meals or their equivalent shall be served approximately five (5) hours apart with supplementary feedings as necessary. There shall not be more than fourteen (14) hours between a substantial evening meal and breakfast.

(12) Dietary records shall be maintained which include: food specifications and purchase orders; meal count; standardized recipes; menu plans; nutritional evaluation of menus; and minutes of departmental and in-service education meetings.

(13) The dietary services shall comply with 19 CSR 20-1.010 Sanitation of Food Services Establishments. Foods shall be prepared by methods that conserve nutritive value, flavor and appearance and shall be attractively served at acceptable temperatures. Potentially hazardous foods shall be served at temperatures specified in 19 CSR 20-1.010(4)(I) and (J), (5)(B)1.-3. and (H).

(14) When there is a contract to provide dietary services to a hospital, the hospital is responsible for assuring that contractual services comply with rules concerning dietary services in hospitals.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(B). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions \$35,043,218 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$104,069,999 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.090 Dietary Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities, or Hospital Districts	\$35,023,557
Department of Health and Senior Services	\$ 19,661
Total	\$35,043,218

III. WORKSHEET**Public Hospitals**

1995 cost of Dietary Services per hospital = \$756,481.

1995 cost of Dietary Services for all public hospitals = \$756,481 x 35 = \$26,476,835 aggregate cost for 35 public hospitals.

2006 cost of Dietary Services for all public hospitals = \$26,476,835 x 1.3228 inflation factor = \$35,023,557 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Dietary Services required by 19 CSR 30-20.021 (3)(B) through an analysis of six (6) hospitals.
2. The estimated cost of Dietary Services for the six (6) hospitals in 1995 was \$756,481 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.090 Dietary Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$104,069,999

III. WORKSHEET

1995 cost of Dietary Services per hospital = \$756,481.

1995 cost of Dietary Services for all private hospitals = \$756,481 x 104 = \$78,674,024
aggregate cost for 104 private hospitals.

2006 cost of Dietary Services for all private hospitals = \$78,674,024 x 1.3228 inflation factor = \$104,069,160 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Dietary Services required by 19 CSR 30-20.021 (3)(B) through an analysis of six (6) hospitals.
2. The estimated cost of Dietary Services for the six (6) hospitals in 1995 was \$756,481 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES****Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals****PROPOSED RULE****19 CSR 30-20.092 Emergency Services in Hospitals**

PURPOSE: This rule establishes the requirements for emergency services in a hospital.

(1) Each hospital providing general services to the community shall provide an easily accessible emergency area which shall be equipped and staffed to ensure that ill or injured persons can be promptly assessed and treated or transferred to a facility capable of providing needed specialized services. In multiple-hospital communities where written agreements have been developed among the hospitals in accordance with an established community-based hospital emergency plan, individual hospitals may not be required by the Department of Health to provide a fully equipped emergency service.

(2) A hospital shall have a written hospital emergency transfer policy and written transfer agreements with one (1) or more hospitals within its service area which provide services not available at the transferring hospital. Transfer agreements shall be established which reflect the usual and customary referral practice of the transferring hospital, but are not intended to cover all contingencies.

(3) Hospital emergency services shall be under the medical direction of a qualified staff physician who is board-certified or board-admissible in emergency medicine and maintains a knowledge of current ACLS and ATLS standards or a physician who is experienced in the care of critically ill and injured patients and maintains current verification in ACLS and ATLS. In pediatric hospitals, PALS shall be substituted for ACLS. With the explicit advanced approval of the Department of Health, a hospital may contract with a qualified consultant physician to meet this requirement.

(A) That physician shall be responsible for implementing rules of the medical staff relating to patient safety and privileges and to the quality and scope of emergency services.

(B) A qualified registered nurse shall supervise and evaluate the nursing and patient care provided in the emergency area by nursing and ancillary personnel. Supervision may be by direct observation of staff or, at a minimum, the nurse shall be immediately available in the institution.

(C) Any person assigned to the emergency services department administering medications shall be a licensed physician, registered nurse, EMT-paramedic or appropriately licensed or certified allied health practitioner and shall administer medications only within his/her scope of practice except for students who are participating in a training program to become physicians, nurses, emergency medical technician-paramedics who may be allowed to administer medication under the supervision of their instructors as a part of their training. Trained individuals from the respiratory therapy department may be allowed to administer aerosol medications when a certified respiratory therapy assistant is not available.

(4) Any hospital which provides emergency services and does not maintain a physician in-house twenty-four (24) hours a day for emergency care shall have a call roster which lists the name of the physician who is on call and available for emergency care and the dates and times of coverage. A physician who is on call and available for emergency care shall respond in a manner which is reasonable and appropriate to the patient's condition after being summoned by the hospital.

(5) Any hospital with surgical services that also provide emergency surgical services shall have a general surgical call roster which lists the name of the general surgeon who is on call for emergency surgical cases, and the dates and times of coverage. The surgeon who is on call for emergency surgical cases shall arrive at the hospital within thirty (30) minutes of being summoned. Patients arriving at a hospital that does not provide emergency surgical services and are found upon examination to require emergency surgery shall be immediately transferred to a hospital with the necessary services.

(6) All patients admitted to the emergency service shall be assessed prior to discharge by a physician or registered professional nurse.

(7) If discharged from the emergency department, other than to the inpatient setting, the patient or responsible person shall be given written instructions for care and an oral explanation of those instructions. Documentation of these instructions shall be entered on the emergency service medical record.

(8) There shall be a quality improvement program for the emergency service which includes, but is not limited to, the collection and analysis of data to assist in identification of health service problems, and a mechanism for implementation and monitoring appropriate actions. The quality improvement program shall include the periodic evaluation of at least the following: length of time each patient is in the emergency room, appropriateness of transfers, physician response time, provision for written instructions, timeliness of diagnostic studies, appropriateness of treatment rendered, and mortality.

(9) Written policies shall be adopted to assure that notification procedures are implemented concerning the significant exposure of pre-hospital emergency personnel to communicable diseases as required in 19 CSR 30-40.047.

(10) The emergency service medical record shall contain patient identification, time and method of arrival, history, physical findings, treatment and disposition and shall be authenticated by the physician. These records, including an ambulance report when applicable, shall be filed under supervision of the medical records department.

(11) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of emergency services.

(12) A hospital shall have a written plan that details the hospital's criteria and process for diversion. The plan must be reviewed and approved by the Missouri Department of Health prior to being implemented by the hospital. A hospital may continue to operate under a plan in existence prior to the effective date of this section while awaiting approval of its plan by the department.

(A) The diversion plan shall:

1. Identify the individuals by title who are authorized by the hospital to implement the diversion plan;

2. Define the process by which the decision to divert will be made;

3. Specify that the hospital will not implement the diversion plan until the authorized individual has reviewed and documented the hospital's ability to obtain additional staff, open existing beds that may have been closed or take any other actions that might prevent a diversion from occurring;

4. Include that all ambulance services within a defined service area will be notified of the intent to implement the diversion plan upon the actual implementation. Ambulances that have made contact with the hospital before the hospital has declared itself to be on diversion shall not be redirected to other hospitals. In areas served by a real time, electronic reporting system, notification through such system shall meet the requirements of this provision so long as such system is available to all EMS agencies and hospitals in the defined

service area;

5. Include procedures for assessment, stabilization and transportation of patients in the event that services, including but not limited to, ICU beds or surgical suites become unavailable or overburdened. These procedures must also include the evaluation of services and resources of the facility that can still be provided to patients even with the implementation of the diversion plan;

6. Include procedures for implementation of a resource diversion in the event that specialized services are overburdened or temporarily unavailable; and

7. Include that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan. For defined service areas with more than two (2) hospitals, if more than one-half (1/2) of the hospitals implement their diversion plans, no hospital will be considered on diversion. For a defined service area with two (2) hospitals, if both hospitals implement their diversion plans, neither will be considered on diversion. Participation in a real time, electronic reporting system shall meet the notification requirements of this section. If a hospital participates in an approved community wide plan, the community wide plan may set the requirement for the number of hospitals to remain open.

(B) Each incident of diversion plan implementation must be reviewed by the hospital's existing quality assurance committee. Minutes of these review meetings must be made available to the Missouri Department of Health and Senior Services upon request.

(C) The hospital shall assure compliance with screening, treatment and transfer requirements as required by the Emergency Medical Treatment and Active Labor Act (EMTALA).

(D) A hospital or its designee shall report to the department, by phone or electronically, upon actual implementation of the diversion plan. This implementation report shall contain the time the plan will be implemented. The hospital or its designee shall report to the department, by phone or electronically, within eight (8) hours of the termination of the diversion. This termination report shall contain the time the diversion plan was implemented, the reason for the diversion, the name of the individual who made the determination to implement the diversion plan, the time the diversion status was terminated, and the name of the individual who made the determination to terminate the diversion. In areas served by real time, electronic reporting system, reporting through such system shall meet the requirements of this provision so long as such system generates reports as required by the department.

(E) Each hospital shall implement a triage system within its emergency department. The triage methodology shall continue to apply during periods when the hospital diversion plan is implemented.

(F) Any hospital that has a written approved policy, which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster, is exempt from the requirements of 19 CSR 30-20.021(3)(C)12.

(G) If a hospital chooses to participate in a community wide plan, the requirements of number of hospitals to remain open, defined service areas, as well as community notification may be addressed within the community plan. Community plans must be approved by the department. Community plans must include that each hospital has a policy addressing diversion and the criteria used by each hospital to determine the necessity of implementing a diversion plan. Participation in a community plan does not exempt a hospital of the requirement to notify the department of a diversion plan implementation.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(C). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$23,446,449 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$69,611,027 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.092 Emergency Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$23,426,788
Department of Health and Senior Services	\$ 19,661
Total	\$23,446,449

III. WORKSHEET**Public Hospitals**

1995 cost of Emergency Services per hospital = \$506,000.

1995 cost of Emergency Services for all public hospitals = \$506,000 x 35 = \$17,710,000 aggregate cost for 35 public hospitals.

2006 cost of Emergency Services for all public hospitals = \$17,710,000 x 1.3228 inflation factor = \$23,426,788 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Emergency Services required by 19 CSR 30-20.021 (3)(C) through an analysis of six (6) hospitals.
2. The estimated cost of Emergency Services for the six (6) hospitals in 1995 was \$506,000 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.092 Emergency Services in Hospitals
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$69,611,027

III. WORKSHEET

1995 cost of Emergency Services per hospital = \$506,000.

1995 cost of Emergency Services for all private hospitals = \$506,000 x 104 = \$52,624,000 aggregate cost for 104 private hospitals.

2006 cost of Emergency Services for all private hospitals = \$52,624,000 x 1.3228 inflation factor = \$69,611,027 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Emergency Services required by 19 CSR 30-20.021 (3)(C) through an analysis of six (6) hospitals.
2. The estimated cost of Emergency Services for the six (6) hospitals in 1995 was \$506,000 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.094 Medical Records in Hospitals

PURPOSE: This rule establishes minimum requirements for medical records kept in hospitals.

(1) The director of the medical record services shall be appointed by the chief executive officer or chief operating officer. This director may be a qualified registered record administrator, an accredited record technician or an individual with demonstrated competence and knowledge of medical record department activities supervised by a qualified consultant who is a registered record administrator or accredited record technician.

(2) Patient care by members of the medical staff, nursing staff and allied health professionals shall be entered in the patient's medical record in a timely manner. Documentation shall be legible, dated, authenticated and recorded in ink, typewritten or recorded electronically.

(3) All orders shall be dated and authenticated by the ordering practitioner and shall be kept in the patient's medical record. Verbal orders shall be authenticated by the prescribing practitioner or attending physician within the time frame that is defined by the medical staff in cooperation with nursing and administration. Authentication shall include written signatures, initials, computer-generated signature codes or rubber stamp signatures by the medical members and authorized persons whose signatures the stamp represents. The use of rubber stamps is discouraged, but where authorized, a signed statement shall be maintained in the administrative offices with a copy in the medical records department stating that the medical staff member whose stamp is involved is the only one who has the stamp and is the only one authorized to use it. The duplication of signature stamps and the delegation of their use by others is prohibited.

(4) Only abbreviations and symbols approved by the medical staff may be used in the medical records. Each abbreviation or symbol shall have only one (1) meaning and an explanatory legend shall be available for use by all concerned. There shall be a list of abbreviations and symbols that shall not be used in handwritten communications.

(5) The medical record of each patient shall be maintained in order to justify admission and continued hospitalization, support the diagnosis, describe the patient's progress and response to medications and services and to facilitate rapid retrieval and utilization by authorized personnel.

(6) Medical records are the property of the hospital and shall not be removed from the hospital premises except by court order, subpoena, for the purposes of microfilming or for off-site storage approval by the governing body.

(7) Written consent of the patient or the patient's legal representative is required for access to or release of information, copies or excerpts from the medical record to persons not otherwise authorized to receive this information.

(8) Patient records shall be considered complete for filing when the required contents are assembled and authenticated. Hospital policy

shall define circumstances in which incomplete medical records may be filed permanently by order of the medical record committee.

(9) An inpatient's medical record shall include: a unique identifying record number; pertinent identifying and personal data; history of present illness or complaint; if injury, how the injury occurred; past history; family history; physical examination; admitting diagnosis; medical staff orders; progress notes; nurses' notes; discharge summary; final diagnosis; and evidence of informed consent. Where applicable, medical records shall contain reports such as clinical laboratory, X-ray, consultation, electrocardiogram, surgical procedures, therapy, anesthesia, pathology, autopsy and any other reports pertinent to the patient's care.

(10) Admission forms shall be designed to record pertinent identifying and personal data.

(11) A certificate of live birth shall be prepared for each child born alive and shall be forwarded to the local registrar within seven (7) days after the date of delivery. If the physician or other person in attendance does not certify to the facts of birth within five (5) days after the birth, the person in charge of the institution shall complete and sign the certificate.

(12) When a dead fetus is delivered in an institution, the person in charge of the institution or his/her designated representative shall prepare and, within seven (7) days after delivery, file a report of fetal death with the local registrar.

(13) Medical records of deceased patients shall contain the date and time of death, autopsy permit, if granted, disposition of the body, by whom received and when.

(14) The State Anatomical Board shall be notified of an unclaimed dead body. A record of this notification shall be maintained.

(15) The patient's medical records shall be maintained to safeguard against loss, defacement and tampering and to prevent damage from fire and water. Medical records shall be preserved in a permanent file in the original, on microfilm or other electronic media. Patients' medical records shall be retained for a minimum of ten (10) years, except that a minor shall have his/her record retained until his/her twenty-third birthday, whichever occurs later. Preservation of medical records may be extended by the hospital for clinical, educational, statistical or administrative purposes.

(16) There shall be a mechanism for the review and evaluation on a regular basis of the quality of medical record services.

(17) Should the hospital cease to be licensed, arrangements for disposition of the patient medical records shall be made with nearby hospitals, the patient's physician or a reliable storage company. Notification of the disposition is to be provided to the department.

(18) A history and physical examination shall be completed on each inpatient within twenty-four (24) hours of admission, or a history and physical examination shall have been completed or updated within the seven (7) days prior to admission. A history and physical which is performed up to and no more than thirty (30) days before admission may be utilized provided that the patient is reassessed and an update note is written, signed and dated to reflect the patient's status within seven (7) days prior to, or within twenty-four (24) hours after, admission.

(19) A patient's records shall be completed within thirty (30) days of discharge.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(D). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$14,580,382 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$43,266,142 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.094 Medical Records in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$14,560,721
Department of Health and Senior Services	\$ 19,661
Total	\$14,580,382

III. WORKSHEET**Public Hospitals**

1995 cost of Medical Records per hospital = \$314,500.

1995 cost of Medical Records for all public hospitals = \$314,500 x 35 = \$11,007,500
 aggregate cost for 35 public hospitals.

2006 cost of Medical Records for all public hospitals = \$11,007,500 x 1.3228 inflation factor = \$14,560,721 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Medical Records required by 19 CSR 30-20.021 (3)(D) through an analysis of six (6) hospitals.
2. The estimated cost of Medical Records for the six (6) hospitals in 1995 was \$314,500 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.094 Medical Records in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$43,266,142

III. WORKSHEET

1995 cost of Medical Records per hospital = \$314,500.

1995 cost of Medical Records for all private hospitals = \$506,000 x 104 = \$32,708,000
 aggregate cost for 104 private hospitals.

2006 cost of Medical Records for all private hospitals = \$32,708,000 x 1.3228 inflation factor = \$43,266,142 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Medical Records required by 19 CSR 30-20.021 (3)(D) through an analysis of six (6) hospitals.
2. The estimated cost of Medical Records for the six (6) hospitals in 1995 was \$314,500 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.096 Nursing Services in Hospitals

PURPOSE: This rule establishes the requirements for nursing services in a hospital.

- (1) The nursing service shall be integrated and identified within the total hospital organizational structure.
- (2) The nursing service shall have a written organizational structure that indicates lines of authority, accountability and communication.
- (3) The organization of the nursing service shall conform with the variety of patient care services offered and the range of nursing care activities.
- (4) Nursing policies and standards of practice describing patient care shall be in writing and be kept current.
- (5) Policies shall provide for the collaboration of nursing personnel with members of the medical staff and other health care disciplines regarding patient care issues.
- (6) Nursing service policies shall establish an appropriate committee structure to oversee and assist in the provision of quality nursing care. The purpose and function of each committee shall be defined and a record of its activities shall be maintained.
- (7) Policies shall make provision for nursing personnel to be participants of hospital committees concerned with patient care activities.
- (8) Policies shall be developed regarding the use of overtime. The policies shall be based on the following standards:
 - (A) Overtime shall not be mandated for any licensed nursing personnel except when an unexpected nurse staffing shortage arises that involves a substantial risk to patient safety, in which case a reasonable effort must be applied to secure safe staffing before requiring the on-duty licensed nursing personnel to work overtime. Reasonable efforts undertaken shall be verified by the hospital. Reasonable efforts shall include pursuing all of the following:
 1. Reassigning on-duty staff;
 2. Seeking volunteers to work extra time from all available qualified nursing staff who are presently working;
 3. Contacting qualified off-duty employees who have made themselves available to work extra time, per diem staff, float pool and flex team nurses; and
 4. Seeking personnel from a contracted temporary agency or agencies when such staffing is permitted by law or an applicable collective bargaining agreement and when the employer regularly uses the contracted temporary agency or agencies;
 - (B) In the absence of nurse volunteers, float pool nurses, flex team nurses or contracted temporary agency staff secured by the reasonable efforts as described in subsection (8)(A) and if qualified reassignments cannot be made, the hospital may require the nurse currently providing the patient care to fulfill his or her obligations based on the Missouri Nurse Practice Act by performing the patient care which is required;
 - (C) The prohibition of mandatory overtime does not apply to overtime work that occurs because of an unforeseeable emergency or when a hospital and a subsection of nurses commit, in writing, to a set, predetermined staffing schedule or prescheduled on-call time. An unforeseeable emergency is defined as a period of unusual,

unpredictable or unforeseeable circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact patient care and which prevent replacement staff from reporting for duty;

(D) The facility is prohibited from requiring a nurse to work additional consecutive hours and from taking action against a nurse on the grounds that a nurse failed to work the additional hours or when a nurse declines to work additional consecutive hours beyond the nurse's predetermined schedule of hours because doing so may, in the nurse's judgement, jeopardize patient safety;

(E) Subsection (8)(D) is not applicable if overtime is permitted under subsections (8)(A), (B), and (C).

(F) Nurses required to work more than twelve (12) consecutive hours under subsections (8)(A), (B), or (C) shall be provided the option to have at least ten (10) consecutive hours of uninterrupted off-duty time immediately following the worked time.

(9) The nursing service shall be administered and directed by a qualified registered professional nurse with appropriate education, experience and demonstrated ability in nursing practice and management.

(10) The nursing service administrator shall be responsible to the chief executive officer or chief operating officer.

(11) The nursing service administrator shall be a full-time employee and shall have the authority and be accountable for assuring the provision of quality nursing care for those patient areas delineated in the organizational structure.

(12) The nursing service administrator shall participate in the formulation of hospital policies and the development of long-range plans relating to patient care.

(13) The nursing service administrator, or designee, shall represent nursing at all appropriate meetings of the medical staff and governing board of the hospital.

(14) The nursing service administrator shall be accountable for the selection, promotion and termination of all nursing personnel under the authority of nursing service.

(15) The nursing service administrator shall have sufficient time to perform the necessary managerial duties and functions of the position.

(16) A qualified registered professional nurse shall be designated and authorized to act in the absence of the nursing service administrator.

(17) Nursing personnel shall hold a valid and current license in accordance with sections 335.011–335.096, RSMo.

(18) There shall be a job description for each classification of nursing personnel which delineates the specific qualifications, licensure, certification, authority, responsibilities, functions and performance standards for that classification. Job descriptions shall be reviewed annually and revised as necessary to reflect current job requirements.

(19) There shall be scheduled annual evaluations of job performance for all classifications of nursing personnel.

(20) All nursing personnel shall be oriented to the hospital, nursing services, their position classification and the use of overtime. The orientation shall be of sufficient length and content to prepare nursing personnel for their specified duties and responsibilities. Competency shall be validated prior to assuming independent performance in actual patient situation.

(21) For specialized nursing units and those units providing specific clinical services, written policies and procedures, including standards of practice, shall be available and current.

(22) Nursing personnel meetings shall be conducted at intervals necessary for leadership and to communicate management information. Separate meetings for the various job classifications of personnel may be conducted. Minutes of all meetings shall be maintained and reflect attendance, scope of discussion and action(s) taken. The minutes shall be filed according to hospital policy.

(23) Each facility shall develop and utilize a methodology which ensures adequate nurse staffing that will meet the needs of the patients. At a minimum, on duty at all times there shall be a sufficient number of registered professional nurses to provide patient care requiring the judgment and skills of a registered professional nurse and to supervise the activities of all nursing personnel.

(24) There shall be sufficient licensed and ancillary nursing personnel on duty on each nursing unit to meet the needs of each patient in accordance with accepted standards of nursing practice.

(25) Patient care assignments shall be consistent with the qualifications of the nursing personnel and the identified patient needs.

(26) Documentation in the patient's medical record shall reflect use of the nursing process in the delivery of care throughout the patient's hospitalization.

(27) A registered professional nurse shall assess the patient's needs for nursing care in all settings where nursing care is provided. A nursing assessment shall be completed within twenty-four (24) hours of admission as an inpatient. The registered professional nurse may be assisted in the process by other qualified nursing staff members.

(28) Patient education and discharge needs shall be addressed and appropriately documented in the medical records.

(29) The necessary types and quantities of supplies and equipment shall be available to meet the current needs of each patient. Reference materials pertinent to patient care shall be readily accessible.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(E). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$179,771,322 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities \$534,119,221 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.096 Nursing Services in Hospitals
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$179,751,661
Department of Health and Senior Services	\$ 19,661
Total	\$179,771,322

III. WORKSHEET**Public Hospitals**

1995 cost of Nursing Services per hospital = \$3,882,493.

1995 cost of Nursing Services for all public hospitals = \$3,882,493 x 35 = \$135,887,255 aggregate cost for 35 public hospitals.

2006 cost of Nursing Services for all public hospitals = \$135,887,255 x 1.3228 inflation factor = \$179,751,661 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
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Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Nursing Services required by 19 CSR 30-20.021 (3)(E) through an analysis of six (6) hospitals.
2. The estimated cost of Nursing Services for the six (6) hospitals in 1995 was \$3,882,493 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.096 Nursing Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$534,119,221

III. WORKSHEET

1995 cost of Nursing Services per hospital = \$3,882,493.

1995 cost of Nursing Services for all private hospitals = \$3,882,493 x 104 =
\$403,779,272 aggregate cost for 104 private hospitals.

2006 cost of Nursing Services for all private hospitals = \$403,266,142 x 1.3228 inflation factor = \$534,119,221 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Nursing Services required by 19 CSR 30-20.021 (3)(E) through an analysis of six (6) hospitals.
2. The estimated cost of Nursing Services for the six (6) hospitals in 1995 was \$3,882,493 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.098 Pathology and Medical Laboratory Services in Hospitals

PURPOSE: This rule establishes the requirements for pathology and medical laboratory services in a hospital.

(1) Provision shall be made, either on the premises or by contract with a reference laboratory, for the prompt performance of adequate examinations in the fields of hematology, clinical chemistry, urinalysis, microbiology, immunology, anatomic pathology, cytology and immunohematology.

(2) The director of the pathology and medical laboratory services shall be a physician who is a member of the medical staff and appointed by the governing body. If the director is not a pathologist, a pathologist shall be retained on a part-time basis as a consultant on-site. Consultation shall be provided no less than monthly. A written report of the consultant's evaluation and recommendations shall be submitted after each visit.

(3) Pathology and medical laboratory services shall be integrated with other hospital services. The pathologist(s) shall have an active role in in-service educational programs and in medical staff functions, the laboratory quality assurance program and shall participate in committees that review tissue, infection control and blood usage.

(4) Laboratory technologists shall have graduated from a medical technology program approved by a nationally recognized body or have documented equivalent education, training and experience. There shall be sufficient qualified laboratory technologists and supportive technical staff currently competent in their field to perform the tests required. Laboratory personnel shall have the opportunity for continuing education.

(5) The laboratory shall perform tests and examine specimens from hospital inpatients only on the order of a medical staff member. The laboratory shall perform tests and examine specimens from any other source only on written request. Test requests received by the laboratory shall clearly identify the patient, the source of the request, the tests required and the date. Requests for examinations of surgical specimens shall contain necessary clinical information.

(6) The laboratory shall maintain complete written instructions for specimen collection and processing, storage, testing and reporting of results. The instructions shall include, but not be limited to, a step-by-step description of the testing procedure, reagent use and storage, control and calibration procedures and pertinent literature references.

(7) Dated reports of all laboratory examinations shall become a part of the patient's medical record. If the original report from a reference laboratory is not part of the patient's record, the original shall be retained and retrievable for a period of not less than two (2) years. Dated reports of tests on out-patients and from referring laboratories shall be sent promptly to the individual or facility ordering the test. Copies of all laboratory tests and examinations shall be retained and retrievable for at least two (2) years.

(8) Instruments and equipment shall be evaluated to insure that they function properly at all times. Records shall be maintained for each piece of equipment, showing the date of inspection, calibration, performance evaluation and action taken to correct deficiencies.

Temperatures shall be recorded daily for all temperature-controlled instruments.

(9) Each section of the pathology and medical laboratory shall have a written quality control program to verify accuracy, measure precision and detect error. Quality control results shall be documented and retained for at least two (2) years.

(10) The hospital laboratory shall successfully participate in a proficiency-testing program covering all anatomical and clinical specialties in which the laboratory performs tests and in which proficiency testing is available. Records of proficiency testing shall be maintained for at least two (2) years.

(11) All specimens, except for teeth and foreign objects, removed during a surgical, diagnostic, or other procedure shall be submitted for pathologic examination, except for specimens that have been previously determined to be exempt. Specimens submitted for pathological examination shall be accompanied by pertinent clinical information. Specimens exempted from pathologic examination shall be those for which examination does not add to the diagnosis, treatment or prognosis, shall be determined by the medical staff in consultation with the pathologist, and shall be documented in writing. When the specimen is not submitted for pathological examination, a report of the removal must be present in the patient's medical record. Specimens requiring only a gross description and diagnosis shall be determined by the medical staff in consultation with the pathologist and shall be documented in writing.

(12) An autopsy service shall be available to meet the needs of the hospital. Each autopsy shall be performed by, or under the supervision of, a pathologist or a physician whose credentials document his/her qualifications in anatomical pathology. All microscopic interpretations shall be made by a pathologist who is qualified in anatomical pathology.

(13) At all times there shall be an established procedure for obtaining a supply of blood and blood components. Facilities for the safe-keeping and safe administration of blood and blood products shall be provided. Positive patient identification shall be provided through an armband that displays a number or other unique identifying symbol. This armband shall be on the patient before or at the time of drawing the first tube of blood used for transfusion preparation. The refrigerator used for the routine storage of blood for transfusion shall maintain a temperature between one degree and six degrees Celsius (1°–6° C) and this temperature shall be verified by an outside recording thermometer. This refrigerator shall be constantly monitored by an audible and visible alarm that is located in an area that is staffed at all times. The alarm shall be battery-operated or powered by a circuit different from the one supplying the refrigerator. This refrigerator shall be on the power line supplied by the emergency generator.

(14) The hospital shall provide safety equipment for laboratory employees that includes, but is not limited to, gloves. No food, drink, tobacco or personal care items shall be in the laboratory testing area.

(15) The hospital shall provide reports to the department as required by 19 CSR 10-33.050 and section 192.131, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(F). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$45,747,038 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$135,875,635 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.098 Pathology and Medical Laboratory Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$45,727,377
Department of Health and Senior Services	\$ 19,661
Total	\$45,747,038

III. WORKSHEET**Public Hospitals**

1995 cost of Pathology and Medical Laboratory Services per hospital = \$987,675.

1995 cost of Pathology and Medical Laboratory Services for all public hospitals =
 $\$987,675 \times 35 = \$34,568,625$ aggregate cost for 35 public hospitals.

2006 cost of Pathology and Medical Laboratory Services for all public hospitals =
 $\$34,568,625 \times 1.3228$ inflation factor = \$45,727,377 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Pathology and Medical Laboratory Services required by 19 CSR 30-20.021 (3)(F) through an analysis of six (6) hospitals.
2. The estimated cost of Pathology and Medical Laboratory Services for the six (6) hospitals in 1995 was \$687,675 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.098 Pathology and Medical Laboratory Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$135,875,635

III. WORKSHEET

1995 cost of Pathology and Medical Laboratory Services per hospital = \$987,675.

1995 cost of Pathology and Medical Laboratory Services for all private hospitals =
 $\$987,675 \times 104 = \$102,718,200$ aggregate cost for 104 private hospitals.

2006 cost of Pathology and Medical Laboratory Services for all private hospitals =
 $\$102,718,200 \times 1.3228$ inflation factor = \$135,875,635 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Pathology and Medical Laboratory services required by 19 CSR 30-20.021 (3)(F) through an analysis of six (6) hospitals.
2. The estimated cost of Pathology and Medical Laboratory services for the six (6) hospitals in 1995 was \$987,675 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 2006.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.100 Pharmacy Services and Medication Management in Hospitals

PURPOSE: This rule establishes the requirements for pharmacy services and medication management in a hospital.

(1) Pharmacy services shall be identified and integrated within the total hospital organizational plan. Pharmacy services shall be directed by a pharmacist who is currently licensed in Missouri and qualified by education and experience. The director of pharmacy services shall be responsible for the provision of all services required in subsection (4)(G) of this rule and shall be a participant in all decisions made by pharmacy services or committees regarding the use of medications. With the assistance of medical, nursing and administrative staff, the director of pharmacy services shall develop standards for the selection, distribution and safe and effective use of medications throughout the hospital.

(2) Additional professional and supportive personnel shall be available for services provided. Pharmacists shall be currently licensed in Missouri and all personnel shall possess the education and training necessary for their responsibilities.

(3) Support pharmacy personnel shall work under the supervision of a pharmacist and shall not be assigned duties that by law must be performed by a pharmacist. Interpreting medication orders, selecting, compounding, packaging, labeling and the dispensing of medications by pharmacy staff shall be performed by or under the supervision of a pharmacist. Interpretation of medication orders by support personnel shall be limited to order processing and shall not be of a clinical nature.

(4) Hours shall be established for the provision of pharmacy services. A pharmacist shall be available to provide required pharmacy services during hours appropriate for necessary contact with medical and nursing staff. A pharmacist shall be on call at all other times.

(5) Space, equipment and supplies shall be available according to the scope of pharmacy services provided. Office or other work space shall be available for administrative, clerical, clinical and other professional services provided. All areas shall meet standards to maintain the safety of personnel and the security and stability of medications stored, handled and dispensed.

(6) The pharmacy and its medication storage areas shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medication shall be stored separate from food and other substances. The pharmacy and its medication storage area shall be locked and accessible only to authorized pharmacy and supervisory nursing personnel. The director of pharmacy services, in conjunction with nursing and administration, shall be responsible for the authorization of access to the pharmacy by supervisory nursing personnel to obtain doses for administering when pharmacy services are unavailable.

(7) Medication storage areas outside of the pharmacy shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medications shall be stored in a sealed compartment separate from food and laboratory materials. Medication storage areas shall be accessible only to authorized personnel and locked when appropriate.

(8) The evaluation, selection, source of supply and acquisition of medications shall occur according to the hospital's policies and procedures. Medications and supplies needed on an emergency basis and necessary medications not included in the hospital formulary shall be acquired according to the hospital's policies and procedures.

(9) Records shall be maintained of medication transactions, including: acquisition, compounding, repackaging, dispensing or other distribution, administration and controlled substance disposal. Persons involved in compounding, repackaging, dispensing, administration and controlled substance disposal shall be identified and the records shall be retrievable. Retention time for records of bulk compounding, repackaging, administration, and all controlled substance transactions shall be a minimum of two (2) years. Retention time for records of dispensing and extemporaneous compounding, including sterile medications, shall be a minimum of six (6) months.

(10) Security and record keeping procedures in all areas shall ensure the accountability of all controlled substances, shall address accountability for other medications subject to theft and abuse and shall be in compliance with 19 CSR 30-1.030(3). Inventories of Schedule II controlled substances shall be routinely reconciled. Inventories of Schedule III-V controlled substances outside of the pharmacy shall be routinely reconciled. Records shall be maintained so that inventories of Schedule III-V controlled substances in the pharmacy shall be reconcilable.

(11) Controlled substance storage areas in the pharmacy shall be separately locked and accessible only to authorized pharmacy staff. Reserve supplies of all controlled substances in the pharmacy shall be locked. Controlled substance storage areas outside the pharmacy shall be separately locked and accessible only to persons authorized to administer them and to authorized pharmacy staff.

(12) Authorization of access to controlled substance storage areas outside of the pharmacy shall be established by the director of pharmacy services in conjunction with nursing and administration. The distribution and accountability of keys, magnetic cards, electronic codes or other mechanical and electronic devices shall occur according to the hospital's policies and procedures.

(13) All variances involving controlled substances—including inventory, security, record keeping, administration and disposal—shall be reported to the director of pharmacy services for review and investigation. Loss, diversion, abuse or misuse of medications shall be reported to the director of pharmacy services, administration, and local, state and federal authorities as appropriate.

(14) The provision of pharmacy services in the event of a disaster, removal from use of medications subject to product recall and reporting of manufacturer drug problems shall occur according to the hospital's policies and procedures.

(15) Compounding and repackaging of medications in the pharmacy shall be done by pharmacy personnel under the supervision of a pharmacist. Those medications shall be labeled with the medication name, strength, lot number, expiration date and other pertinent information. Record keeping and quality control, including end-product testing when appropriate, shall occur according to the hospital's policies and procedures.

(16) Compounding, repackaging or relabeling of medications by non-pharmacy personnel shall occur according to the hospital's policies and procedures. Medications shall be administered routinely by the person who prepared them, and preparation shall occur just prior to administration except in circumstances approved by the director of pharmacy, nursing and administration. Compounded sterile medications for parenteral administration prepared by nonpharmacy personnel shall not be administered beyond twenty-four (24) hours of preparation. Labeling shall include the patient's name, where appropriate,

medication name, strength, beyond use date, identity of the person preparing and other pertinent information.

(17) Compounded sterile medications shall be routinely prepared in a suitably segregated area in a Class 100 environment by pharmacy personnel. Preparation by nonpharmacy personnel shall occur only in specific areas or in situations when immediate preparation is necessary and pharmacy personnel are unavailable and shall occur according to policies and procedures. All compounded cytotoxic/hazardous medications shall be prepared in a suitably segregated area in a Class II biological safety cabinet or vertical airflow hood. The preparation, handling, administration and disposal of sterile or cytotoxic/hazardous medications shall occur according to policies and procedures including: orientation and training of personnel, aseptic technique, equipment, operating requirements, environmental considerations, attire, preparation of parenteral medications, preparation of cytotoxic/hazardous medications, access to emergency spill supplies, special procedures/products, sterilization, extemporaneous preparations and quality control.

(18) Radiopharmaceuticals shall be acquired, stored, handled, prepared, packaged, labeled, administered and disposed of according to the hospital's policies and procedures and only by or under the supervision of personnel who are certified by the Nuclear Regulatory Commission.

(19) A medication profile for each patient shall be maintained and reviewed by the pharmacist and shall be reviewed by the pharmacist upon receiving a new medication order prior to dispensing the medication. The pharmacist shall review the prescriber's order or a direct copy prior to the administration of the initial dose, except in an emergency or when the pharmacist is unavailable, in which case the order shall be reviewed within seventy-two (72) hours.

(20) Medications shall be dispensed only upon the order of an authorized prescriber with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved policy/protocol after an assessment for contraindications, and only dispensed by or under the supervision of the pharmacist.

(21) All medications dispensed for administration to a specific patient shall be labeled with the patient name, drug name, strength, expiration date and, when applicable, the lot number and other pertinent information.

(22) The medication distribution system shall provide safety and accountability for all medications, include unit of use and ready to administer packaging, and meet current standards of practice.

(23) To prevent unnecessary entry to the pharmacy, a locked supply of routinely used medications shall be available for access by authorized personnel when the pharmacist is unavailable. Removal of medications from the pharmacy by authorized supervisory nursing personnel, documentation of medications removed, restricted and unrestricted medication removal, later review of medication orders by the pharmacist, and documented audits of medications removal shall occur according to the hospital's policies and procedures. The nurse shall remove only amounts necessary for administering until the pharmacist is available.

(24) Floorstock medications shall be limited to emergency and non-emergency medications which are authorized by the director of pharmacy services in conjunction with nursing and administration. The criteria, utilization and monitoring of emergency and non-emergency floorstock medications shall occur according to the hospital's policies and procedures. Supplies of emergency medications shall be available in designated areas.

(25) All medication storage areas in the hospital shall be inspected at least monthly by a pharmacist or designee according to the hospital's policies and procedures.

(26) The pharmacist shall be responsible for the acquisition, inventory control, dispensing, distribution and related documentation requirements of investigational medications according to the hospital's policies and procedures. A copy of the investigational protocol shall be available in the pharmacy to all health care providers who prescribe or administer investigational medications. The identity of all recipients of investigational medications shall be readily retrievable.

(27) Sample medications shall be received and distributed by the pharmacy according to the hospital's policies and procedures.

(28) Dispensing of medications by the pharmacist to patients who are discharged from the hospital or who are outpatients shall be in compliance with 4 CSR 220.

(29) Persons other than the pharmacist may provide medications to patients leaving the hospital only when prescription services from a pharmacy are not reasonably available. Medications shall be provided according to the hospital's policies and procedures, including: circumstances when medications may be provided, practitioners authorized to order, specific medications and limited quantities, prepackaging and labeling by the pharmacist, final labeling to facilitate correct administration, delivery, counseling and a transaction record. Final labeling, delivery and counseling shall be performed by the prescriber or a registered nurse.

(30) Current medication information resources shall be maintained in the pharmacy and patient care areas. The pharmacist shall provide medication information to the hospital staff as requested.

(31) The director of pharmacy services shall be an active member of the pharmacy and therapeutics committee or its equivalent, which shall advise the medical staff on all medication matters. A formulary shall be established which includes medications based on an objective evaluation of their relative therapeutic merits, safety and cost and shall be reviewed and revised on a continual basis. A medication use evaluation program shall be established which evaluates the use of selected medications to ensure that they are used appropriately, safely and effectively. Follow-up educational information shall be provided in response to evaluation findings.

(32) The pharmacist shall be available to participate with medical and nursing staff regarding decisions about medication use for individual patients, including: not to use medication therapy; medication selection, dosages, routes and methods of administration; medication therapy monitoring; provision of medication-related information; and counseling to individual patients. The pharmacist or designee shall personally offer to provide medication counseling when discharge or outpatient prescriptions are filled. The pharmacist shall provide requested counseling.

(33) Medication orders shall be initiated or modified only by practitioners who have independent statutory authority to prescribe or who are legally given authority to order medications. That authority may be given through an arrangement with a practitioner who has independent statutory authority to prescribe and who is a medical staff member. The authority may include collaborative practice agreements, protocols or standing orders and shall not exceed the practitioner's scope of practice. Practitioners given this authority who are not hospital employees shall be approved through the hospital credentialing process. When hospital-based agreements, protocols or standing orders are used, they shall be approved by the pharmacy and therapeutics or equivalent committee.

(34) All medication orders shall be written in the medical record and signed by the ordering practitioner with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy/protocol after an assessment for contraindications. When medication therapy is based on a protocol or standing order and a specific medication order is not written, a signed copy of the protocol or of an abbreviated protocol containing the medication order parameters or of the standing order shall be placed in the medical record with the exception of physician-approved policies/protocols for the administration of influenza and pneumococcal polysaccharide vaccines after an assessment for contraindications. The assessment for contraindications shall be dated and signed by the registered nurse performing the assessment and placed in the medical record. Telephone or verbal orders shall be accepted only by authorized staff, immediately written and identified as such in the medical record and signed by the ordering practitioner within a time frame defined by the medical staff.

(35) Medication orders shall be written according to policies and procedures and those written by persons who do not have independent statutory authority to prescribe shall be included in the quality improvement program.

(36) Automatic stop orders for all medications shall be established and shall include a procedure to notify the prescriber of an impending stop order. A maximum stop order shall be effective for all medications which do not have a shorter stop order. Automatic stop orders are not required when the pharmacist continuously monitors medications to ensure that they are not inappropriately continued.

(37) Medications shall be administered only by persons who have statutory authority to administer or who have been trained in each pharmacological category of medication they administer, and administration shall be limited to the scope of their practice. Persons who do not have statutory authority to administer shall not administer parenteral medications, controlled substances or medications that require professional assessment at the time of administration. A person who has statutory authority to administer shall be readily available at the time of administration. Training for persons who do not have statutory authority to administer shall be documented and administration by those persons shall be included in the quality improvement program. Medications shall be administered only upon the order of a person authorized to prescribe or order medications. Administration by all persons shall occur according to the hospital's policies and procedures.

(38) Medications brought to the hospital by patients shall be handled according to policies and procedures. They shall not be administered unless so ordered by the prescriber and identified by the pharmacist or the prescriber.

(39) Medications shall be self-administered or administered by a responsible party only upon the order of the prescriber and according to policies and procedures.

(40) Medication incidents, including medication errors shall be reported to the prescriber and the appropriate manager. Medication incidents shall be reported to the appropriate committee. Adverse medication reactions shall be reported to the prescriber and the director of the pharmacy services. The medication administered and medication reaction shall be recorded in the patient's medical record. Adverse medication reactions shall be reviewed by the pharmacy and therapeutics committee and other medical or administrative committees when appropriate.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$40,843,617 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$121,305,469 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(G). Original rule filed June 27, 2007.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.100 Pharmacy Services and Medication Management in Hospitals
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$40,834,956
Department of Health and Senior Services	19,661
Total	\$40,843,617

III. WORKSHEET

Public Hospitals

1995 cost of Pharmacy Services and Medication Management per hospital = \$881,765.

1995 cost of Pharmacy Services and Medication Management for all public hospitals =
\$881,765 x 35 = \$30,861,775 aggregate cost for 35 public hospitals.

2006 cost of Pharmacy Services and Medication Management for all public hospitals =
\$30,861,775 x 1.3228 inflation factor = \$40,823,956 aggregate cost.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
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Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
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 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Pharmacy Services and Medication Management required by 19 CSR 30-20.021 (3)(G) through an analysis of six (6) hospitals.
2. The estimated cost of Pharmacy Services and Medication Management for the six (6) hospitals in 1995 was \$881,765 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.100 Pharmacy Services and Medication Management in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$121,305,469

III. WORKSHEET

1995 cost of Pharmacy Services and Medication Management per hospital = \$881,765.

1995 cost of Pharmacy Services and Medication Management for all private hospitals =
 $\$881,765 \times 104 = \$91,703,560$ aggregate cost for 104 private hospitals.

2006 cost of Pharmacy Services and Medication Management for all private hospitals =
 $\$91,703,560 \times 1.3228$ inflation factor = \$121,305,469 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Pharmacy Services and Medication Management required by 19 CSR 30-20.021 (3)(G) through an analysis of six (6) hospitals.
2. The estimated cost of Pharmacy Services and Medication Management for the six (6) hospitals in 1995 was \$881,765 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this

fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.102 Radiology Services in Hospitals

PURPOSE: This rule establishes the requirements for radiology services in a hospital.

(1) Radiographic and fluoroscopic diagnostic services shall be provided in each hospital.

(2) The director of radiology services shall be a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of radiology services and safety precautions to protect patients and personnel.

(3) Radiotherapy services shall be administered only under the supervision of a physician appropriately qualified by special training and experience.

(4) Requests for radiology services shall be authenticated in the patient's medical record by the attending physician, licensed house staff or other medical staff member authorized to request radiologic services.

(5) A written interpretation, authenticated by a radiologist or other medical staff member appropriately trained and qualified through the medical staff credentialing process, shall be made for all radiological diagnostic services.

(6) Documentation of each radiotherapy treatment shall be authenticated and become a part of the patient's medical record.

(7) A qualified radiologic technologist shall be on duty or on call at all times. Emergency radiologic services shall be available at all times.

(8) Protection from radiation to patients and personnel shall comply with 19 CSR 20-10.010–19 CSR 20-10.190.

(9) There shall be periodic inspection of equipment by a medical physicist qualified to furnish complete evaluation. Documentation shall be maintained and available for two (2) years.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(H). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$23,737,200 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities \$70,474,974 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.102 Radiology Services in Hospitals
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$23,717,539
Department of Health and Senior Services	\$ 19,661
Total	\$23,737,200

III. WORKSHEET**Public Hospitals**

1995 cost of Radiology Services per hospital = \$512,280.

1995 cost of Radiology Services for all public hospitals = \$512,280 x 35 = \$17,929,800 aggregate cost for 35 public hospitals.

2006 cost of Radiology Services for all public hospitals = \$17,929,800 x 1.3228 inflation factor = \$23,717,539 aggregate cost.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Radiology Services required by 19 CSR 30-20.021 (3)(H) through an analysis of six (6) hospitals.
2. The estimated cost of Radiology Services for the six (6) hospitals in 1995 was \$512,280 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.102 Radiology Services in Hospitals
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$70,474,974

III. WORKSHEET

1995 cost of Radiology Services per hospital = \$512,280.

1995 cost of Radiology Services for all private hospitals = \$512,280 x 104 = \$53,277,120
aggregate cost for 104 private hospitals.

2006 cost of Radiology Services for all private hospitals = \$53,277,120 x 1.3228 inflation factor = \$70,474,974 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Radiology Services required by 19 CSR 30-20.021 (3)(H) through an analysis of six (6) hospitals.
2. The estimated cost of Radiology Services for the six (6) hospitals in 1995 was \$512,280 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.104 Social Work Services in Hospitals

PURPOSE: This rule establishes the requirements for social work services in a hospital.

(1) The program shall include: a method of screening to determine the social service needs of the patient; a method of providing appropriate social work interventions, including discharge planning and counseling; and a mechanism for referrals to community agencies when appropriate.

(2) The social service program shall be identified and integrated in the total hospital organizational plan. Social work services shall be provided under the direction of a qualified social services worker. When the individual is not a qualified social worker, a qualified social worker shall be employed on a part-time or consultant basis.

(3) Social work services including discharge planning shall be integrated with other direct patient-care services of the hospitals. The social work assessment and plan of action shall be implemented for each patient who has need for social services.

(4) Written policies and procedures relating to the quality and scope of social work services shall be kept current.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(3)(I). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$1,851,164 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$5,442,179 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.104 Social Work Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$1,831,503
Department of Health and Senior Services	\$ 19,661
Total	\$1,851,164

III. WORKSHEET

Public Hospitals

1995 cost of Social Work Services per hospital = \$39,559.

1995 cost of Social Work Services for all public hospitals = \$39,559 x 35 = \$1,384,565
aggregate cost for 35 public hospitals.

2006 cost of Social Work Services for all public hospitals = \$1,384,565 x 1.3228
inflation factor = \$1,831,503 aggregate cost.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Social Work Services required by 19 CSR 30-20.021 (3)(I) through an analysis of six (6) hospitals.
2. The estimated cost of Social Work Services for the six (6) hospitals in 1995 was \$39,559 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these public hospital costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.104 Social Work Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$5,442,179

III. WORKSHEET

1995 cost of Social Work Services per hospital = \$39,559.

1995 cost of Social Work Services for all private hospitals = $\$39,559 \times 104 = \$4,114,136$
aggregate cost for 104 private hospitals.

2006 cost of Social Work Services for all private hospitals = $\$4,114,136 \times 1.3228$
inflation factor = \$5,442,179 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of Social Work Services required by 19 CSR 30-20.021 (3)(I) through an analysis of six (6) hospitals.
2. The estimated cost of Social Work Services for the six (6) hospitals in 1995 was \$39,559 per hospital.
3. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 1996.
4. The department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.106 Inpatient Care Units in Hospitals

PURPOSE: This rule establishes classifications for hospitals.

(1) A facility to be classified as a general hospital shall provide inpatient care for medical or surgical patients, or both, and may include pediatric, obstetrical and newborn, psychiatric or rehabilitation patients. To be classified a specialized pediatric, psychiatric or rehabilitation hospital, a facility shall provide inpatient care in an exclusive specialty such as pediatrics, psychiatry or rehabilitation and shall have a medical staff and other professional or technical personnel especially qualified in the particular specialty for which the hospital is operated.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(J)1. Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.108 Fire Safety, General Safety and Operating Features for Hospitals

PURPOSE: This rule specifies the requirements for fire safety, general safety and operating features in a hospital.

(1) Each hospital shall comply with the "Operating Features" requirements of Chapter 31 of NFPA 101, 1994. New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with NFPA 99, 1993 and NFPA 101, 1994. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

(2) Each hospital shall be maintained in good repair to facilitate the maintenance of an appropriate health care delivery environment and to minimize hazards.

(3) Each hospital shall develop a mechanism for the identification and abatement of occupant safety hazards in their facilities. Any safety hazard or threat to the general safety of patients, staff or the public shall be corrected.

(4) Each hospital shall develop and maintain current a disaster plan which is specified to its facility for response to man-made or natural disasters. Annex 1 of NFPA 99, 1993 shall be used as a guide in the preparation and revision of the hospital's health care disaster plan.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(3)(K). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately five hundred thousand dollars (\$500,000) annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.108 Fire Safety, General Safety and Operating Features for Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$0
Department of Health and Senior Services	\$19,661
Total	\$19,661

III. WORKSHEET**Public Hospitals**

No fiscal impact.

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

IV. ASSUMPTIONS**Public Hospitals**

The Federal Center for Medicare and Medicaid Services (CMS) currently requires that all certified healthcare facilities meet National Fire Protection Association standards as specified in NFPA 101, 2000 edition, which is a later edition of the code required by this rule. "Operating Features" (Chapter 31, NFPA 101, 1994) and NFPA 99, 1993, are

subsumed by this later edition. The development and maintenance of a disaster plan is also required by NFPA 101, 2000 edition and Annex 1 of NFPA 99, 1993 is a required publication of the newer code.

Occupational Safety and Health Administration (OSHA) standards mandate standards to promote safety and minimize hazards. Hospitals must already comply with OSHA requirements.

The requirements of this rule are already equaled or exceeded by current federal requirements. Hence, this rule requires no additional actions by public hospitals to maintain compliance.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.108 Fire Safety, General Safety and Operating Features for Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1	Private general/acute care hospitals	\$500,000

III. WORKSHEET

After consultation with the Missouri Hospital Association (MHA), costs for maintaining fire safety and general safety features in the single non-certified facility are estimated to exceed no more than \$500,000 per year. This is a rough estimate based on many incalculables.

IV. ASSUMPTIONS

The Federal Center for Medicare and Medicaid Services (CMS) currently requires that all certified healthcare facilities meet National Fire Protection Association standards as specified in NFPA 101, 2000 edition, which is a later edition of the code required by this rule. "Operating Features" (Chapter 31, NFPA 101, 1994) and NFPA 99, 1993, are subsumed by this later edition. The development and maintenance of a disaster plan is also required by NFPA 101, 2000 edition and Annex 1 of NFPA 99, 1993 is a required publication of the newer code.

Occupational Safety and Health Administration (OSHA) standards mandate standards to promote safety and minimize hazards. Hospitals must already comply with OSHA requirements.

The requirements of this rule are already equaled or exceeded by current federal requirements. Hence, for Medicare/Medicaid certified private hospitals, this rule requires no additional actions to maintain compliance.

However, one hospital in the state is not Medicare/Medicaid certified.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

PROPOSED RULE

19 CSR 30-20.110 Orientation and Continuing Education in Hospitals

PURPOSE: This rule specifies the requirements for orientation and continuing education programs in hospitals.

(1) There shall be an orientation and continuing education program for the development and improvement of necessary skills and knowledge of the facility personnel.

(2) The orientation program shall be of the scope and duration necessary to effectively prepare personnel new to a unit for their assigned duties and responsibilities based on job descriptions. Temporary personnel shall participate in an orientation prior to providing direct patient care.

(3) Educational programs shall be conducted using internal or external resources and shall be planned and documented. Documentation on the topic, presenter, date/time of presentation and the program attendance shall be available.

(4) Teaching material and suitable references shall be identified and supplied as needed for the staff of each department or unit that treats patients.

(5) The orientation and continuing education program shall participate in the performance improvement process and shall provide evaluation opportunities appropriate to its goals and objectives.

(6) The continuing education program shall include, as appropriate for the job, but not be limited to:

(A) Problems and needs of specific age groups, chronically ill, acutely ill and disabled patients;

(B) Prevention and control of infections including universal precautions;

(C) Interpersonal relationships and communication skills;

(D) Fire prevention, safety and accident prevention;

(E) Patient rights, dignity and privacy issues;

(F) Licensed nursing personnel training on basic cardiac life support and choking prevention and intervention; and

(G) Any other educational need identified through the quality improvement activities and those generated by advances made in health care science and technology.

(7) Competency of all employees shall be evaluated annually based on job description and necessary job skills and knowledge.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(3)(L). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$10,253,102 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$77,231,860 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.110 Orientation and Continuing Education in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$10,233,441
Department of Health and Senior Services	\$ 19,661
Total	\$10,253,102

III. WORKSHEET

Public Hospitals

139,056 (total employees involved in care) x .13 (turnover rate) = 18,077 new employees in hospitals per year.

18,077 new employees x 175 hours of new employee orientation = 3,163,475 total hours of new employee orientation per year.

3,163,475 hours of orientation per year x \$20 per hour = \$63,269,500 total yearly cost of new employee orientation in hospitals.

\$63,269,500 x .117 (proportion of hospital beds in public hospitals) = \$7,402,532 total yearly cost of new employee orientation in public hospitals.

139,056 (total employees involved in care) x .87 (proportion of employees hired in previous years) = 120,979 employees hired in previous years.

120,979 employees hired in previous years x 10 hours continuing education per year = 1,209,790 hours continuing education per year.

1,209,790 hours continuing education per year x \$20 per hour = \$24,195,800 total yearly cost of continuing education in hospitals.

\$24,195,800 x .117 (proportion of hospital beds in public hospitals) = \$2,830,909 total yearly cost of continuing education in public hospitals.

Total Costs of Orientation and Continuing Education

\$ 7,402,532	Total yearly cost of new employee orientation in public hospitals
+ 2,830,909	Total yearly cost of continuing education in public hospitals
\$10,233,441	Total yearly cost of orientation and continuing education in public hospitals

Department of Health and Senior Services**Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS**Public Hospitals**

Working with data and estimates from the Missouri Hospital Association (MHA) the following assumptions are made:

1. Total hospital patient care staff employed in licensed hospitals is 139,056 (licensed nursing staff, patient care assistants, non-nurse staff) (2006 Hospital Survey).
2. While hourly rates for hospital staff vary considerably, a general estimate of \$20 per hour is a reasonable figure the average hourly rate for hospital employees engaged in patient care. The estimate includes fringe benefits. The employees included are licensed nursing staff, patient care assistants, and non-nurse staff (e.g., lab staff, physical and occupational therapists, etc.).
3. MHA reports a turnover rate of about 13% for all positions during calendar 2005.
4. Orientation is estimated to take about 175 hours per new employee. This includes 75 hours classroom and/or computer-based training, and about 100 hours practicum.
5. Continuing education averages about 10 hours per year per worker.
6. As of 2005, about 88.3% of all hospital beds were in private hospitals.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.110 Orientation and Continuing Education in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$77,231,860

III. WORKSHEET

139,056 (total employees involved in care) x .13 (turnover rate) = 18,077 new employees in hospitals per year.

18,077 new employees x 175 hours of new employee orientation = 3,163,475 total hours of new employee orientation per year.

3,163,475 hours of orientation per year x \$20 per hour = \$63,269,500 total yearly cost of new employee orientation in hospitals.

\$63,269,500 x .883 (proportion of hospital beds in private hospitals) = \$55,866,969 total yearly cost of new employee orientation in private hospitals.

139,056 (total employees involved in care) x .87 (proportion of employees hired in previous years) = 120,979 employees hired in previous years.

120,979 employees hired in previous years x 10 hours continuing education per year = 1,209,790 hours continuing education per year.

1,209,790 hours continuing education per year x \$20 per hour = \$24,195,800 total yearly cost of continuing education in hospitals.

\$24,195,800 x .883 (proportion of hospital beds in private hospitals) = \$21,364,891 total yearly cost of continuing education in private hospitals.

Total Costs of Orientation and Continuing Education	
\$ 55,866,969	Total yearly cost of new employee orientation in private hospitals
+ 21,364,891	Total yearly cost of continuing education in private hospitals
\$77,231,860	Total yearly cost of orientation and continuing education in private hospitals

IV. ASSUMPTIONS

Working with data and estimates from the Missouri Hospital Association (MHA) the following assumptions are made:

1. Total hospital patient care staff employed in licensed hospitals is 139,056 (licensed nursing staff, patient care assistants, non-nurse staff) (2006 Hospital Survey).
2. While hourly rates for hospital staff vary considerably, a general estimate of \$20 per hour is a reasonable figure the average hourly rate for hospital employees engaged in patient care. The estimate includes fringe benefits. The employees included are licensed nursing staff, patient care assistants, and non-nurse staff (e.g., lab staff, physical and occupational therapists, etc.).
3. MHA reports a turnover rate of about 13% for all positions during calendar 2005.
4. Orientation is estimated to take about 175 hours per new employee. This includes 75 hours classroom and/or computer-based training, and about 100 hours practicum.
5. Continuing education averages about 10 hours per year per worker.
6. As of 2005, about 88.3% of all hospital beds were in private hospitals.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.112 Quality Improvement Programs in Hospitals

PURPOSE: This rule specifies the requirements for quality improvement programs in a hospital.

(1) The governing body shall ensure the development and implementation of an effective, ongoing, systematic hospital-wide, patient-oriented performance improvement plan.

(2) This plan shall be designed to measure, assess and improve the quality of patient care as evidenced by patient health outcomes or improvement in processes, or both.

(3) The performance improvement plan shall be written and shall include:

(A) Description of the plan purpose, objectives, organizations, scope, authority, responsibility, and mechanisms of a planned systematic, organization-wide approach to designing, measuring, assessing and improving performance;

(B) Assurance of collaborative participation from appropriate departments and services, both clinical and nonclinical, including those services provided directly and under contract;

(C) Provision for assessment and coordination of quality improvement activities through an established oversight team that meets on an established periodic basis;

(D) Assurance of ongoing communication, reporting and documentation of patient-care issues and quality improvement activities and their effectiveness to the governing body and medical staff at least quarterly; and

(E) Development of an annual assessment of the effectiveness of the plan.

(4) At a minimum, the plan shall include:

(A) Organization-wide design, measurement, assessment and improvement of patient care and organizational functions;

(B) Review of care that includes outcomes of care provided by the medical and nursing staff and by other health care practitioners employed or contracted by the hospital;

(C) Measurements of quality of care which are outcome- or process-based, specific to the hospital, and to identified needs and expectations of the patients and staff;

(D) Review on a continuing basis of the processes that affect a large percentage of patients, that place patients at risk or that have caused or are likely to cause quality problems; and

(E) Review of all hospital specific data and state normative data provided by the Department of Health (DOH). The CEO or his/her designee shall respond to the DOH with a corrective plan when the hospital is directed to do so by the Bureau of Hospital Licensing and Certification.

(F) The performance improvement plan shall be designed to review activity, actions initiated and reassessments. Documentation shall be maintained on these activities.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(3)(M). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately two hundred seventy-one thousand, six hundred sixty-one dollars (\$271,661) annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities seven hundred forty-eight thousand dollars (\$748,000) annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.112 Quality Improvement Programs in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$252,000
Department of Health and Senior Services	\$ 19,661
Total	\$271,661

III. WORKSHEET

Public Hospitals

20 hours per month per facility reviewing and updating the quality improvement plan =
240 hours per year per facility.

240 hours per year per facility x \$30 per hour average rate = \$7,200 per facility per year.

\$7,200 per facility per year x 35 public facilities = \$252,000 total cost for public hospitals.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

Working with the Missouri Hospital Association (MHA), the following assumptions have been made:

All hospitals currently have a quality improvement plan. There are no development costs to be incurred.

As the quality improvement plan is used, it must be reviewed and updated on a continuing basis.

Review and updates are estimated to average about 20 hours per month per facility.

From MHA survey data, the average hourly rate for a hospital staff RN is \$21.80.

Including an additional 25% for benefits would yield an hourly rate of \$27.25.

Since higher paid staff may be used to review and update quality improvement plans, an hourly rate of \$30.00, including benefits will be used in the cost computations.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Title:	19 CSR 30-20.112 Quality Improvement Programs in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$748,800

III. WORKSHEET

20 hours per month per facility reviewing and updating the quality improvement plan =
240 hours per year per facility.
240 hours per year per facility x \$30 per hour average rate = \$7,200 per facility per year.
\$7,200 per facility per year x 104 private facilities = \$748,800 total cost for private hospitals.

IV. ASSUMPTIONS

Working with the Missouri Hospital Association (MHA), the following assumptions have been made:

All hospitals currently have a quality improvement plan. There are no development costs to be incurred.

As the quality improvement plan is used, it must be reviewed and updated on a continuing basis.

Review and updates are estimated to average about 20 hours per month per facility.

From MHA survey data, the average hourly rate for a hospital staff RN is \$21.80.

Including an additional 25% for benefits would yield an hourly rate of \$27.25.

Since higher paid staff may be used to review and update quality improvement plans, an hourly rate of \$30.00, including benefits will be used in the cost computations.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described

in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.114 Environmental and Support Services in Hospitals

PURPOSE: This rule specifies the requirements for environmental and support services provided by a hospital.

(1) Each hospital shall have an organized service which maintains a clean and safe environment.

(A) Housekeeping Services.

1. The housekeeping services shall have a director who is qualified by education, training and experience in the principles of hospital housekeeping. This individual shall report to a designated administrative officer.

2. Approved written policies and procedures shall define and describe the scope and conduct of housekeeping services. These shall be reviewed in cooperation with the infection control program and kept current.

3. Space for housekeeping services shall provide for office(s), the storage of supplies and equipment and for equipment maintenance.

4. There shall be sufficient trained personnel to meet the needs of housekeeping services. Housekeeping personnel shall be given the opportunity to participate in service training or other relevant continuing educational programs.

5. All noninfectious wastes generated within the hospital shall be collected in appropriate containers for disposal.

6. There shall be a mechanism for the review and evaluation on a regular basis of the quality of housekeeping services provided.

(B) Laundry and Linen Services.

1. The hospital shall have organized services which ensure that adequate supplies of clean linens are available. There shall be specific written procedures for the processing, distribution and storage of linen. These shall be reviewed in cooperation with the infection control committee and kept current.

2. Soiled linen processing functions shall be physically separated from both clean linen storage and soiled linen holding areas. Only commercial laundry equipment shall be used to process hospital linen.

3. Clean linen shall be stored and distributed to the point of use in a way that minimizes microbial contamination from surface contact or airborne particles.

4. Soiled linen shall be collected at the point of use and transported to the soiled linen holding room in a manner that minimizes microbial dissemination into the environment.

5. If a commercial laundry service is used, verification shall be provided to assure the hospital that the processing and handling of linen complies with paragraphs (5)(C)1.-4. of this rule.

6. There shall be a mechanism for the review and evaluation on a regular basis of the quality of laundry and linen services provided.

(C) Infectious Waste Management.

1. Every hospital shall write an infectious waste management plan with an annual review identifying infectious waste generated on-site, the scope of the infectious waste program, and policies and procedures to implement the infectious waste program. The director of this program shall be qualified by education, training and experience in the principles of infectious waste management. The plan shall include at least the following: chief executive officer's endorsement letter; introduction and purpose; objectives; phone number of responsible individuals; organizational chart; schematic(s) of waste disposal routes; definition of those wastes handled by the system; department and individual responsibilities; procedures for waste

identification, segregation, containment, transport, treatment and disposal; emergency and contingency procedures; training and educational procedures; and appendices (rules and other applicable institutional policy statements). Any hospital exempt from infectious waste processing facility permit requirements of 10 CSR 80-7.010 and that accepts infectious waste from off-site shall include in its plan requirements for storage, processing and record keeping of this waste and the cleanup of potential spills in the unloading area. Manufacturers' specifications for temperature, residence time and control devices for any infectious waste processing devices shall be included in the plan. A trained operator shall operate the equipment during any infectious waste treatment procedures.

2. Infectious waste shall be segregated from other wastes at the point of generation and shall be placed in distinctive, clearly marked, leakproof containers or plastic bags appropriate for the characteristics of the infectious waste. Containers for infectious waste shall be identified with the universal biological hazard symbol. All packaging shall maintain its integrity during storage and transport. Infectious waste shall not be placed in a gravity waste disposal chute.

3. Pending disposal, infectious waste shall be stored, separated from other wastes, in a limited-access enclosure posted with the biological hazard symbol. This enclosure shall afford protection from vermin, be a dry area and be provided with an impervious floor with a perimeter curb. The floor shall slope to a drain connected to the sanitary sewage system or collection device. If infectious waste is compacted, the mechanical device shall contain the fluids and aerosols and shall not release aerosols or fluids when opened and the container is removed. Provisions for waste stored seventy-two (72) hours or more shall be separately addressed in the infectious waste management plan.

4. Hospital infectious waste treated on site shall be rendered innocuous, using one (1) of the following methods:

A. Sterilization of the waste in an autoclave is permitted, provided that the unit is operated in accordance with the manufacturer's recommendations and that the autoclave's effectiveness is verified at least weekly with a biological spore assay containing *Bacillus Stearothermophilus*. If the autoclave is used for other functions, the infectious waste management plan will develop specific guidelines for its use;

B. Incineration in a multi-chamber incinerator designed to provide complete combustion of the type of waste introduced into the incinerator is permitted. The incinerator shall be operated in accordance with the manufacturer's recommendations and shall comply with air pollution control laws and regulations. The incinerator shall achieve a minimum temperature of eighteen hundred degrees Fahrenheit (1,800°F) in the secondary chamber with a minimum retention time of one-half (1/2) second in the secondary chamber. The incinerator shall be equipped with continuous temperature recording charts for the secondary chamber and utilized during any infectious waste treatment process. Pathological wastes mixed with or contained in plastic materials shall be incinerated in a multi-chamber incinerator achieving a minimum temperature of eighteen hundred degrees Fahrenheit (1,800°F) in the secondary combustion chamber with one-half (1/2) second retention time;

C. Decontamination of the infectious waste by other technologies in a manner acceptable to the Department of Health shall be permitted;

D. Bulk blood, suctioned fluids, excretions and secretions may be carefully poured down a drain connected to a sanitary sewer; or

E. Infectious waste rendered innocuous by the methods in subparagraphs (1)(C)4.A. or C. of this rule shall be disposed of in accordance with the requirements of 10 CSR 80-7.010.

5. An infectious waste treatment program shall include records of biological spore assay tests if required by treatment methods and the approximate amount of waste disinfected or incinerated per hour measured by weight per load. The program director shall maintain records demonstrating the proper operation of the disinfection or

incineration equipment.

6. All infectious waste when transported off the premises of the hospital shall be packaged and transported as provided in sections 260.200–260.207, RSMo.

7. Any hospital which accepts infectious waste from small quantity generators as defined by 10 CSR 80-7.010 or from other Missouri hospitals—in quantities exceeding fifty percent (50%) of the total poundage of infectious waste generated on-site at the hospital—shall notify the Department of Natural Resources and comply with permitting requirements of sections 260.200–260.207, RSMo. The weight of infectious waste generated on-site shall be calculated by multiplying one and five-tenths (1.5) pounds per day times the number of beds complying with Department of Health standards for hospital licensure. Infectious waste generated off-site may be accepted by a hospital only if packaged according to 10 CSR 80-7.010(2) (A)–(D).

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(5)(A), (C) and (D). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately \$21,184,514 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities approximately \$62,889,849 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.114 Environmental Support Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$21,164,853
Department of Health and Senior Services	\$ 19,661
Total	\$21,184,514

III. WORKSHEET

Public Hospitals

1995 cost of environmental and support services per hospital = \$507,938.

Adjusted cost per hospital = \$507,938 - \$50,794 (10%) = \$457,144.

1995 adjusted cost of environmental and support services for all public hospitals = \$457,144 x 35 = \$16,000,040 aggregate cost for 35 public hospitals.

2006 cost of environmental and support services for all public hospitals = \$16,000,040 x 1.3228 inflation factor = \$21,164,853, aggregate cost.

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482
28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).
42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.
 $\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.
 $\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Public Hospitals

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of environmental and support services required by 19 CSR 30-20.021 (5)(A) and (C) through an analysis of six (6) hospitals.
2. The estimated cost of environmental and support services for the six (6) hospitals in 1995 was \$507,938 per hospital.
3. In 1995, this cost per hospital included infection control activities. However, those activities are now included in 19 CSR 30-20.116 Infection Control in Hospitals, as a separate rule.
4. To adjust for the increasing costs of housekeeping, laundry and linen services, and infectious waste management, the base cost will only be decreased by 10% by the omission of infection control.
5. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 2006.
6. The Department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many

hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.114 Environmental Support Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$62,889,849

III. WORKSHEET

1995 cost of environmental and support services per hospital = \$507,938.

Adjusted cost per hospital = \$507,938 - \$50,794 (10%) = \$457,144.

1995 adjusted cost of environmental and support services for all private hospitals =
 $\$457,144 \times 104 = \$47,542,976$ aggregate cost for 104 private hospitals.

2006 cost of environmental and support services for all private hospitals = $\$47,542,976 \times 1.3228$ inflation factor = \$62,889,849 aggregate cost.

IV. ASSUMPTIONS

1. This fiscal note is derived from original amounts contained in a fiscal note published in 1995 that determined the cost of environmental and support services required by 19 CSR 30-20.021 (5)(A) and (C) through an analysis of six (6) hospitals.
2. The estimated cost of environmental and support services for the six (6) hospitals in 1995 was \$507,938 per hospital.
3. In 1995, this cost per hospital included infection control activities. However, those activities are now included in 19 CSR 30-20.116 Infection Control in Hospitals, as a separate rule.
4. To adjust for the increasing costs of housekeeping, laundry and linen services, and infectious waste management, the base cost will only be decreased by 10% by the omission of infection control.
5. An inflation factor, based on the Consumer Price Index, was determined by utilizing the inflation calculator located on the U.S. Bureau of Labor Statistics web site

- (www.bls.gov/data/home.htm). On that site, inflation from 1995 through 2006 was given as 1.3228, that is, \$100.00 in 1995 had the buying power of \$132.28 in 2006.
6. The Department has collaborated with the Missouri Hospital Association (MHA) in determining the accuracy of these private costs.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.116 Infection Control in Hospitals

PURPOSE: This rule specifies the requirements for infection control practices in a hospital.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) There shall be an active multidisciplinary infection control committee responsible for implementing and monitoring the infection control program. The committee shall include, but not be limited to, the infection control officer, a member of the medical staff, registered professional nursing staff, quality improvement staff and administration. This program shall include measures for preventing, identifying, and investigating healthcare-associated infections and shall establish procedures for: collecting data, conducting root cause analysis, reporting sentinel events, and implementing corrective actions. These measures and procedures shall be applied throughout the hospital, including as a part of the employee health program.

(2) The infection control committee shall conduct an ongoing review and analysis of healthcare-associated infections (HAI) data and risk factors. Priorities and goals related to preventing the acquisition and transmission of potentially infectious agents will be established based on risks identified.

(3) Hospitals shall implement written policies and procedures outlining infection control measures. These measures shall include, but are not limited to, a hospital-wide hand hygiene program that complies with the October 25, 2002 Centers for Disease Control and Prevention (CDC) *Guideline for Hand Hygiene in Health-Care Settings*, which is incorporated by reference in this rule. A copy of the CDC *Guideline for Hand Hygiene in Health-Care Settings* may be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. This rule does not incorporate any subsequent amendments or additions. At a minimum, the program shall require every health care worker to properly wash or sanitize his or her hands immediately before and immediately after each and every episode of patient care. Procedures shall include, at a minimum, requirements for the facility's infection control program to conduct surveillance of personnel in accordance with section 197.150, RSMo. Surveillance procedures may also include monitoring the employees' and medical staff's use of hand hygiene products. A mechanism approved by the hospital infection control committee for reporting and monitoring patient and employee infections shall be developed for all patient care and support departments in the hospital.

(4) Orientation and ongoing education shall be provided to all patient care and patient-care support personnel on the cause, effect, transmission, prevention and elimination of infections. Records of employee attendance shall be retained and available for inspection. A mechanism for monitoring compliance with infection control policies

and procedures shall be coordinated with administrative staff, personnel staff and the quality improvement program.

(5) Infection control committee meetings shall be held quarterly. Minutes shall be retained.

(6) There shall be an annual review and evaluation of the quality of the infection control program.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.150 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(5)(B). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions \$2,275,926 annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities \$10,622,255 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.116 Infection Control in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 State Licensed Hospitals Operated by Counties, Cities or Hospital Districts	\$2,256,265
Department of Health and Senior Services	\$ 19,661
Total	\$2,275,926

III. WORKSHEET

Public Hospitals

Infection Control Committee:

- 5 staff x \$8,000 per staff per year = \$40,000 per year per facility for required Infection Control Committee functions.
- \$40,000 per year per facility x 35 facilities = \$1,400,000 public hospital cost for infection control committees.

Hand Washing Compliance:

- 139,056 hospital employee + 22,000 physicians = 161,056 total hospital care staff required to wash their hands after every episode of patient care.
- 50% of 161,056 total hospital care staff = 80,528 observations.
- 80,528 observation x 10 minutes = 805,280 minutes ÷ 60 minutes = 13,421 staff hours.
- 13,421 staff hours x \$27.25 average hourly rate = \$365,722 for all hospitals.
- \$365,722 for 10-minute observations in all hospitals x .117 (proportion of hospital beds in public hospitals) = \$42,789 (total cost for public hospitals).

Orientation and Ongoing Education on Infection Control:

- 139,056 hospital care staff (excluding physicians) x 2.5 hours orientation and/or ongoing education on infection control = 347,640 total care staff hours.
- 347,640 care staff hours x \$20 per hour = \$6,952,800 total hospital cost for orientation and ongoing education.
- \$6,952,800 x .117 (proportion of hospital beds in public hospitals) = \$813,478 public hospital costs for orientation and ongoing education on infection control.

Infection Control Cost in Public Hospitals

\$ 1,400,000	Public hospital cost for infection control committee
42,789	Public hospital cost for hand washing compliance
813,476	Public hospital cost for orientation and ongoing education
\$ 2,256,265	Total public hospital cost for infection control

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Working with the Missouri Hospital Association, the following assumptions have been made:

Infection Control Committee:

- Hospitals would incur annual costs related to the required activities of the five-person infection control committee of about \$8,000 per person.

Monitoring compliance with hand washing requirements:

- The 2005 annual hospital survey reports that there were 139,056 hospital employees. We also estimate that there are about 22,000 physicians with staff privileges (including both private and public facilities).
- 50% of all staff and physicians will be observed once during the year for 10 minutes each.
- The average hourly rate for a staff RN is \$21.80. Including an additional 25% for benefits would give an hourly rate of \$27.25. This will be used as an average hourly rate for patient care staff. This includes physicians.
- As of 2005, about 88.3% of all hospital beds were in private hospitals.

Orientation and ongoing education of infection control:

- While hourly rates for hospital staff vary considerably, a general estimate of \$20 per hour will be used as the average hourly rate for hospital employees engaged in patient care. The estimate includes fringe benefits, but does not include physicians.
- The average hours of orientation and/or ongoing education per staff is 2.5 hours annually.

Department of Health and Senior Services

1. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
2. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
3. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
4. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to public hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for public hospitals to implement this rule.

FISCAL NOTE PRIVATE COST

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Title:	19 CSR 30-20.116 Infection Control in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
104	Private general/acute care hospitals	\$10,622,255

III. WORKSHEET

Infection Control Committee:

- 5 staff x \$8,000 per staff per year = \$40,000 per year per facility for required Infection Control Committee functions.
- \$40,000 per year per facility x 104 facilities = \$4,160,000 private hospital cost for infection control committees.

Hand Washing Compliance:

- 139,056 hospital employee + 22,000 physicians = 161,056 total hospital care staff required to wash their hands after every episode of patient care.
- 50% of 161,056 total hospital care staff = 80,528 observations.
- 80,528 observation x 10 minutes = 805,280 minutes ÷ 60 minutes = 13,421 staff hours.
- 13,421 staff hours x \$27.25 average hourly rate = \$365,722 for all hospitals.
- \$365,722 for 10-minute observations in all hospitals x .883 (proportion of hospital beds in private hospitals) = \$322,933 (total cost for private hospitals).

Orientation and Ongoing Education on Infection Control:

- 139,056 hospital care staff (excluding physicians) x 2.5 hours orientation and/or ongoing education on infection control = 347,640 total care staff hours.
- 347,640 care staff hours x \$20 per hour = \$6,952,800 total hospital cost for orientation and ongoing education.
- \$6,952,800 x .883 (proportion of hospital beds in private hospitals) = \$6,139,322 private hospital costs for orientation and ongoing education on infection control.

Infection Control Cost in Private Hospitals

\$ 4,160,000	Private hospital cost for infection control committee
322,933	Private hospital cost for hand washing compliance
6,139,322	Private hospital cost for orientation and ongoing education
\$10,622,255	Total private hospital cost for infection control

IV. ASSUMPTIONS

Working with the Missouri Hospital Association, the following assumptions have been made:

Infection Control Committee:

- Hospitals would incur annual costs related to the required activities of the five-person infection control committee of about \$8,000 per person.

Monitoring compliance with hand washing requirements:

- The 2005 annual hospital survey reports that there were 139,056 hospital employees. We also estimate that there are about 22,000 physicians with staff privileges (including both private and public facilities).
- 50% of all staff and physicians will be observed once during the year for 10 minutes each.
- The average hourly rate for a staff RN is \$21.80. Including an additional 25% for benefits would give an hourly rate of \$27.25. This will be used as an average hourly rate for patient care staff. This includes physicians.
- As of 2005, about 88.3% of all hospital beds were in private hospitals.

Orientation and ongoing education of infection control:

- While hourly rates for hospital staff vary considerably, a general estimate of \$20 per hour will be used as the average hourly rate for hospital employees engaged in patient care. The estimate includes fringe benefits, but does not include physicians.
- The average hours of orientation and/or ongoing education per staff is 2.5 hours annually.

V. TECHNICAL COMMENT

All new regulations are required to have a fiscal note which describes the cost of implementing the regulation as if the regulation did not previously exist. Therefore, this fiscal note reflects that requirement. However, the requirements for hospitals as described in 19 CSR 30-20.021 are not being changed. The current rule, encompassing many hospital services and programs, is merely being sectioned into smaller rules, so that each rule breaks out a specific hospital service or program. This proposed rule consists of requirements that are currently applicable to private hospitals pursuant to the current rule that will continue to be applicable to these hospitals once this proposed rule goes into effect. Since regulatory requirements have not been changed, there will be no actual new costs for private hospitals to implement this rule.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.118 Ambulatory Care Services in Hospitals

PURPOSE: This rule specifies the requirements for ambulatory care services provided by a hospital.

(1) Ambulatory care services, if provided through an organized department of the hospital, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing rules of the medical staff governing the quality and scope of ambulatory care services provided.

(2) Ambulatory care services shall be integrated with other hospital services as required to meet the needs of the patient.

(3) Nursing personnel assigned to the ambulatory care services shall be under the supervision of a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

(4) Approved written policies and procedures shall describe the scope of ambulatory care provided. Policies and procedures shall be reviewed at least annually and revised as necessary.

(5) Ambulatory care services shall be staffed by personnel qualified by education, training and experience to provide safe patient care.

(6) Patient's medical records shall reflect ambulatory care and treatment provided. These records shall be filed and maintained under supervision of the medical records department.

(7) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of ambulatory care services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(A). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.118 Ambulatory Care Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS**Department of Health and Senior Services**

1. A significant number of hospitals will voluntarily choose to provide optional ambulatory care services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.120 Anesthesia Services in Hospitals

PURPOSE: This rule specifies the requirements for anesthesia services in a hospital.

(1) Anesthesia services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of anesthesia care provided.

(2) Approved written policies and procedures shall include: patient and employee safety, pre- and post-anesthesia evaluation, care of equipment, storage of anesthesia agents and the administration of anesthesia.

(3) Anesthesia shall be administered only by qualified anesthesiologists, physicians or dentists trained in anesthesia, certified nurse anesthetists or supervised students in an approved educational program.

(4) An anesthesia record documenting the care given shall be a permanent part of the patient's medical record.

(5) The pre-anesthesia patient evaluation shall be accomplished by a physician and documented within forty-eight (48) hours before surgery and shall include the history and physical examination; anesthetic, drug and allergy history; essential laboratory data; and other diagnostic test results to establish potential anesthetic risks. These procedures may be waived in the event of a life threatening emergency, provided the surgeon so certifies on the patient medical record.

(6) A post-anesthesia evaluation shall be documented in the patient's medical record within twenty-four (24) hours after surgery.

(7) The use of flammable anesthetic agents shall be limited to those areas of the hospital which comply with all applicable requirements of the *Standard for Inhalation Anesthetics 1980* published by the National Fire Protection Association.

(8) Prior to surgery, the patient's medical record shall contain evidence that the patient has been advised regarding the surgical procedure(s) contemplated, the type of anesthesia to be administered and the risks involved with each. Evidence that informed consent has been given shall become a part of the patient's medical record.

(9) There shall be a mechanism for the review and evaluation on a regular basis of the quality and scope of anesthesia services.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(B). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.120 Anesthesia Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services****Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional anesthesia services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.122 Home-Care Services in Hospitals

PURPOSE: This rule specifies the requirements for home care services provided by a hospital.

(1) Home-care services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing rules of the medical staff governing the quality and scope of home-care services.

(2) The objectives and description of home-care services shall be related to identifiable needs and shall include those services the hospital provides or those provided through participating community agencies.

(3) There shall be written policies and procedures delineating administrative control, scope of services offered and the manner in which they are provided. These policies and procedures shall be reviewed annually and revised as necessary.

(4) A medical record shall be maintained on every patient receiving home-care services. These records shall contain the overall care plan, physician's orders, services provided, progress notes and disposition of the patient. Records shall be filed under supervision of the medical records department.

(5) There shall be a mechanism for the review and evaluation on a regular basis of the quality and scope of home-care services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(C). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.122 Home Care Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS**Department of Health and Senior Services**

1. A significant number of hospitals will voluntarily choose to provide optional home care services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.124 Medical Services in Hospitals

PURPOSE: This rule specifies the requirements for medical services in a hospital.

(1) Medical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body as chief of the medical services. This director shall be responsible for implementing the rules of the medical staff governing medical privileges and the quality of medical care provided.

(2) Medical services shall be responsible for the medical care of all patients except those under the care of physicians or other services as defined in the medical staff or governing body bylaws.

(3) The activities of medical services shall be integrated with other services in the hospital.

(4) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of medical services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(D). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.124 Medical Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services****Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
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Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional medical services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.126 Obstetrical and Newborn Services in Hospitals

PURPOSE: This rule specifies the requirements for obstetrical and newborn services in a hospital.

(1) Obstetrical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing obstetrical privileges, quality of obstetrical care and patient safety.

(2) Obstetrical services shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

(3) The obstetrical nursing supervisor shall have the authority to implement and enforce hospital policies and procedures governing obstetrical services and shall have the responsibility for evaluating the competency of nursing personnel assigned to obstetrical services.

(4) Facilities for obstetrical services shall be designed to prevent unauthorized traffic.

(5) Undelivered patients receiving intravenous oxytocin shall be under continuous observation by trained personnel. Induction or augmentation of labor with oxytocin may be initiated only after a qualified physician has evaluated the patient, determined that induction or augmentation is beneficial to the mother, fetus, or both, recorded the indication and established the plan of management. The physician initiating these procedures shall be readily accessible to manage complications that arise during infusion and a physician who has privileges to perform Caesarean deliveries shall be in consultation and readily accessible in order to manage any complications that require surgical intervention.

(6) There shall be provision for isolation of infants with known or suspected infections or communicable diseases. Policies and procedures regarding isolation shall be integrated with the hospital infection control program.

(7) Each newborn shall be identified by an acceptable method which includes the name, date and time of birth, the infant's sex and the mother's hospital number.

(8) A delivery room record shall be maintained.

(9) A nursery shall be provided for care of the newborn.

(10) Hospitals with an obstetrical service shall have at least one (1) premature-care incubator by an independent testing laboratory.

(11) All cases of acute infectious conjunctivitis (*Ophthalmia neonatorum*) shall be reported immediately to the individual(s) responsible for the infection control program and to the local or district health department in accordance with section 210.080, RSMo.

(12) All cases of epidemic diarrhea of the newborn shall be reported immediately to the individual(s) responsible for the infection control program and the local or district health department.

(13) Resuscitation, suction, oxygen, monitoring and newborn temperature control equipment shall be available for the care of newborn. Supplies for the proper care of newborn shall be available.

(14) An incubator or bassinet with controlled temperature shall be available for each delivery room and for transport to the nursery.

(15) Space shall be provided for the preparation or the handling and storage of formula. Separate refrigeration shall be provided for formula.

(16) Eye care of newborn shall be in accordance with section 210.070, RSMo.

(17) Written policies and procedures shall be established to provide safe transport of infants within the hospital or to another health-care facility.

(18) Written policies and procedures governing special care programs shall be approved by the medical staff and governing body.

(19) There shall be a mechanism for the review and evaluation on a regular basis of the quality of obstetrical and newborn services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021 (4)(E). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.126 Obstetrical and Newborn Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional obstetrical and newborn services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.128 Pediatric Services in Hospitals

PURPOSE: This rule specifies the requirements for pediatric services in a hospital.

(1) The pediatric unit, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of pediatric services.

(2) The pediatric unit shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

(3) The pediatric supervisor shall have the authority to implement and enforce hospital policies and procedures governing pediatric services and shall have the responsibility for evaluating the competency of nursing personnel assigned to pediatric services.

(4) The pediatric unit shall be designed for specific needs of children and located apart from adult patients and the newborn.

(5) The pediatric unit shall have at least one (1) room suitable for isolation.

(6) Supplies and equipment required for emergencies shall be readily available in the pediatric unit.

(7) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of pediatric services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(F). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.128 Pediatric Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services**

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional pediatric services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.130 Post-Anesthesia Recovery Services in Hospitals

PURPOSE: This rule specifies the requirements for post-anesthesia recovery services in a hospital.

(1) Post-anesthesia recovery services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This director shall be responsible for implementing the rules of the medical staff governing post-anesthesia recovery services.

(2) A qualified registered professional nurse shall direct and evaluate the nursing care provided by post-anesthesia recovery services.

(3) A post-anesthesia recovery record documenting patient care shall be a permanent part of the patient's medical record.

(4) Patients receiving post-anesthesia recovery care shall be closely observed by qualified personnel until each patient is stabilized for safe transfer. Written procedures for discharge from the post-anesthesia recovery service shall be approved by the medical staff.

(5) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of post-anesthesia recovery services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule was previously filed as 19 CSR 30-20.021(4)(G). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.130 Post-Anesthesia Recovery Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
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Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional post-anesthesia recovery services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.132 Psychiatric Services in Hospitals

PURPOSE: This rule specifies the requirements for psychiatric services in a hospital.

(1) Emergency psychiatric care.

(A) If the hospital does not have a psychiatric unit, written policies and procedures shall be developed to provide for the safe management of patients requiring psychiatric services until they can be safely transferred to an appropriate facility.

(B) Written policies shall be established regarding the use of restraints or seclusion. These restraints or seclusion shall be used only on the order of a physician. In the absence of a physician, a registered professional nurse shall make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation. The physician shall be notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency. Physicians' orders for use of physical restraints or seclusion shall be rewritten every twenty-four (24) hours. A full record of any restriction of activity for any patient shall be recorded on the nurses' notes and shall include the reason for restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while restricted.

(2) Acute psychiatric services. If a psychiatric unit is designed within the hospital, it shall comply with the following requirements as a minimum:

(A) Psychiatric services shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing psychiatric privileges, quality and scope of care and patient safety;

(B) Psychiatric services shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency;

(C) The psychiatric nursing supervisor shall have the authority to implement and enforce hospital policies and procedures governing psychiatric care and shall have the responsibility for evaluating the competency of all nursing personnel assigned to psychiatric services;

(D) Appropriate registered nurse staffing patterns shall be developed to meet the care needs and activity demands of each patient in the psychiatric unit;

(E) New employees shall attend appropriate orientation, in-service and staff development programs prior to being considered part of the staff required to meet the minimum standards of patient care;

(F) Written policies shall be established regarding the use of restraints or seclusion. These restraints or seclusion shall be used only on the order of a physician. In the absence of a physician, a registered professional nurse shall make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation. The physician shall be notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency. Physician's orders for use of physical restraints or seclusion shall be rewritten every twenty-four (24) hours. A full record of any restriction of activity for any patient shall be recorded on the nurses' notes and shall include the reason for restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while restricted;

(G) The social work services staff shall be available to participate as members of the treatment team, exchanging information and evaluations with the attending physician and other professional disciplines in order to insure a comprehensive treatment program for patients;

(H) Activity therapy services shall be available with the services provided under the direction of a qualified therapist. All therapy shall be given on the written order of a physician and documented in the patients' clinical records; and

(I) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of psychiatric services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(H). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.132 Psychiatric Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services****Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
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Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional psychiatric services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.134 Rehabilitation Services in Hospitals

PURPOSE: This rule specifies the requirements for rehabilitation services in a hospital.

- (1) The rehabilitation services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing the quality and scope of rehabilitation services.
- (2) Rehabilitation services shall be supervised by a qualified physician or a qualified therapist with relevant education and experience.
- (3) Rehabilitation services shall be integrated within the total organizational plan and the director shall assist in the formulation of policies and development of long-range planning affecting patient care.
- (4) Therapy shall be administered in accordance with a physician's written orders and shall be documented in the patient's medical record.
- (5) Rehabilitation services shall be provided by qualified personnel. In-service shall be ongoing and documented.
- (6) Approved written policies and procedures which define and describe the scope and conduct of rehabilitative care shall be reviewed annually and revised as necessary.
- (7) The qualified therapist shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.
- (8) Space and equipment shall be provided to meet the needs of rehabilitation services. Space, supplies and equipment shall be maintained to ensure patient safety.
- (9) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of rehabilitation services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(I). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.134 Rehabilitation Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional rehabilitation services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.136 Respiratory Care Services in Hospitals

PURPOSE: This rule specifies the requirements for respiratory care services in a hospital.

- (1) Respiratory care services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing the quality and scope of respiratory care services.
- (2) Respiratory care services shall be integrated within the total hospital organizational plan.
- (3) Respiratory care services shall be administered under the direction of a qualified registered or certified respiratory therapist or a registered professional nurse with relevant education and experience.
- (4) Therapy shall be administered in accordance with a physician's written orders and shall be documented in the patient's medical record.
- (5) Respiratory care services shall be provided by qualified personnel. In-service shall be ongoing and documented.
- (6) Approved written policies and procedures which define and describe the scope and conduct of respiratory care shall be reviewed annually and revised as necessary.
- (7) A qualified registered or certified respiratory therapist or a registered professional nurse shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.
- (8) Space and equipment shall be provided to meet the needs of respiratory care services. Space, supplies and equipment shall be maintained to ensure patient safety.
- (9) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of respiratory care services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021 (4)(J). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.136 Respiratory Care Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services****Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional respiratory care services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.138 Special Patient Care Services in Hospitals

PURPOSE: This rule specifies the requirements for special patient care services in a hospital.

(1) Special care units, if provided, shall be under the medical direction of a qualified physician, member of the medical staff and appointed by the governing body.

(2) Patient care in each special care unit shall be integrated with the other nursing services and supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

(3) Approved written policies and procedures shall define and describe the scope and conduct of each special patient-care service. These shall be reviewed annually and revised as necessary.

(4) Qualifications of personnel for assignment to each special care unit shall be delineated in writing. Orientation, in-service training and continuing education shall be provided and documented.

(5) Registered nurse staffing patterns shall be developed to meet the needs of each patient in special care units.

(6) A multi-disciplinary committee, chaired by the director, shall develop protocols for the conduct of patient care in each special care unit. This committee shall meet at least quarterly and minutes shall be kept and filed on a confidential basis.

(7) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of care provided in each special care area.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(K). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals**

Rule Number and Name:	19 CSR 30-20.138 Special Patient Care Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET

Department of Health and Senior Services

Staff Involved with Hospital Licensure

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
Health Facility Nursing Consultant	17	\$ 54,000.00	\$ 918,000.00
Health Program Representative II-III	1	\$ 35,148.00	\$ 35,148.00
Administrative Office Support Assistant	1	\$ 26,532.00	\$ 26,532.00
Senior Office Support Assistant	1	\$ 23,160.00	\$ 23,160.00
Office Support Assistant	2	\$ 20,724.00	\$ 41,448.00
			\$ 1,483,482.00

Total salary for all staff involved with hospital licensure = \$1,483,482

28% = percentage of time staff actually devote to licensure activities (based on a time study analysis from August 2006 through January 2007).

42% of salary = value of fringe benefits for staff.

$\$1,483,482 \times .28 = \$415,375$ salary expenditure for all licensure activities.

$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional special patient care services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

of this notice in the Missouri Register. No public hearing is scheduled.

PROPOSED RULE

19 CSR 30-20.140 Surgical Services in Hospitals

PURPOSE: This rule specifies the requirements for surgical services in a hospital.

(1) Surgical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing rules of the medical staff governing the quality and scope of surgical services.

(2) Approved written policies and procedures shall define and describe the scope and conduct of surgical services. These shall be reviewed annually and revised as necessary.

(3) The surgical suite shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency. This supervisor shall have the authority to implement hospital policies and procedures for the surgical suite and shall have the responsibility for evaluating all nursing personnel assigned to the surgical suite.

(4) A qualified registered professional nurse shall be assigned circulating duties for surgical procedures performed.

(5) Accepted standards of patient care, sterility and aseptic techniques shall be maintained.

(6) Prior to surgery, the patient's medical record shall contain evidence that the patient has been advised as to the surgical procedure(s) contemplated, the type of anesthesia to be administered and the risks involved with each. Evidence that informed consent has been given shall become a part of the patient's medical record.

(7) An operating room record documenting the patient care provided shall become a part of the patient's medical record. The record shall contain at least the name of the patient, the patient's hospital number, the name of the surgeon, name of surgical procedure(s), the date, time surgery began and ended, names and titles of persons assisting with the procedure and the verification of countable materials.

(8) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of surgical services.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(4)(L). Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately nineteen thousand, six hundred sixty-one dollars (\$19,661) annually in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services**
Division Title: Division of Regulation and Licensure
Chapter Title: Hospitals

Rule Number and Name:	19 CSR 30-20.140 Surgical Services in Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health and Senior Services	\$19,661

III. WORKSHEET**Department of Health and Senior Services****Staff Involved with Hospital Licensure**

Position Title	# of Staff	Annual Salary	Total Salary
Health Care Regulatory Supervisor (RN)	1	\$ 61,908.00	\$ 61,908.00
Health Care Regulatory Supervisor (non-RN)	1	\$ 56,868.00	\$ 56,868.00
Health Facility Consultant	7	\$ 45,774.00	\$ 320,418.00
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Total salary for all staff involved with hospital licensure = \$1,483,482

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$\$415,375 \times 1.42 = \$589,832$ salaries and fringe benefits for all licensure activities.

$\$589,832 \div 30 = \$19,661$ total staff salaries and fringe for this rule per year.

IV. ASSUMPTIONS

Department of Health and Senior Services

1. A significant number of hospitals will voluntarily choose to provide optional surgical services, requiring the department to incur regulatory/licensure costs.
2. Thirty-two (32) proposed rules (19 CSR 30-20.080 through 19 CSR 30-20.142) constituting regulations for hospital licensure are being published.
3. Two of these, 19 CSR 30-20.106 Inpatient Care Units in Hospitals and 19 CSR 30-20.142 Variance Requests by Hospital, will have no DHSS cost.
4. Cost incurred by DHSS for the remaining thirty (30) rules will be approximately the same for each rule.
5. Therefore DHSS staff costs will be estimated by dividing the total staff costs for hospital licensure by the number of rules constituting hospital licensure activities (30).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.142 Variance Requests by Hospitals

PURPOSE: This rule specifies the manner through which hospitals may request a variance from 19 CSR 30-20.001 through 19 CSR 30-20.140.

(1) Requests for variance from the requirements of 19 CSR 30-20.001 through 19 CSR 30-20.140 shall be in writing to the Department of Health. Approvals for variance shall be in writing and both requests and approvals shall be made a part of the permanent Department of Health records for the facility. Licensed hospitals participating in innovative demonstration projects may be granted a variance from certain requirements.

(A) This request shall contain—

1. The section number and text of the rule in question;
2. Specific reasons why compliance with the rule would impose an undo hardship on the operator, including an estimate of any additional cost which might be involved;
3. An explanation of the relevant extenuating factors which may be relevant; and
4. A complete description of the individual characteristics of the facility or patients or any other factors which would fulfill the intent of the rule in question to safeguard the health, safety and the welfare of the patient, staff or public if the variance from the requirement is granted.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and section 197.154, RSMo Supp. 2006. This rule previously filed as 19 CSR 30-20.021(1) and (1)(A). Original rule filed on June 27, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with David S. Durbin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after the publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2060—State Board of Barber Examiners
Chapter 1—General Rules**

PROPOSED RESCISSION

20 CSR 2060-1.025 Fees. This rule established and fixed the various fees and charges.

PURPOSE: This rule is being rescinded and a new rule promulgated that establishes and fixes the various fees and charges authorized by SB 280 (2005).

AUTHORITY: sections 328.060.1, RSMo 2000 and 328.075.3 and 610.026, RSMo Supp. 2004. This rule originally filed as 4 CSR 60-4.010. This rule previously filed as 4 CSR 60-1.025. Original rule filed Nov. 12, 1997, effective May 30, 1998. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Amended: Filed Oct. 15, 2004, effective April 30, 2005. Amended: Filed April 1, 2005, effective Sept. 30, 2005. Moved to 20 CSR 2060-1.025, effective Aug. 28, 2006. Rescinded: Filed June 27, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission would not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri State Board of Cosmetology and Barber Examiners, Darla Fox, Executive Director, PO Box 1062, Jefferson City, MO 65102, by faxing comments to (573) 751-8176, or by emailing comments to cos-bar@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.032 Specialty Certification. The board is proposing to amend section (2).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70-2.090 in section (2) is being amended.

(2) An application for recognition of a specialty area shall be submitted on a form provided by the board and shall be accompanied by the required fee as defined in [4 CSR 70-2.090] **20 CSR 2070-2.090**. Within the application the following information and documentation shall be submitted:

AUTHORITY: section 331.030.9, RSMo Supp. [2004] 2006. This rule originally filed as 4 CSR 70-2.032. Original rule filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.032, effective Aug. 28, 2006. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.040 Application for Licensure. The board is proposing to amend subsections (4)(A) and (B), subsections (5)(A), (C) and (G), and sections (7) and (8).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70 is being amended throughout the rule.

(4) Items to accompany application for licensure by examination are—

(A) One (1) photograph as described in [4 CSR 70-2.050(3)(B)] **20 CSR 2070-2.050(3)(B)**;

(B) Application processing or examination fee in the form of a money order or cashier's check. Applicants shall pay the application processing fee if applying for licensure by examination (N.B.C.E. Part IV examination). The examination fee must accompany an examination application only in the event that the board administers its own practical examination. See [4 CSR 70-2.050(3)(A)] **20 CSR 2070-2.050(3)(A)**; and

(5) Items to accompany application for licensure by reciprocity are[—]:

(A) One (1) photograph as described in [4 CSR 70-2.070(4)] **20 CSR 2070-2.070(4)**;

(C) Proof of practice as described in [4 CSR 70-2.070(5)] **20 CSR 2070-2.070(5)**;

(G) An applicant requesting board authorization to take the Special Purposes Examination for Chiropractic (SPEC) administered by the National Board of Chiropractic Examiners shall have an application filed with the board and pay the applicable fee as defined in [4 CSR 70-2.090(1)(C)] **20 CSR 2070-2.090(1)(C)**.

(7) The applicant for temporary licensure shall submit the following along with the required form and fee as defined in [4 CSR 70-2.090(1)(T)] **20 CSR 2070-2.090(1)(T)**:

(C) Two (2) sets of fingerprints and fingerprint fee as defined in [4 CSR 70-2.090(1)(O)] **20 CSR 2070-2.090(1)(O)**; and

(8) An applicant may request a temporary license be renewed for an additional ninety (90) days upon application to the board and payment of the required fee as defined in [4 CSR 70-2.090(1)(U)] **20 CSR 2070-2.090(1)(U)**.

AUTHORITY: sections 43.543 and 331.030, RSMo Supp. [2004] 2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.040. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.050 Examination. The board is proposing to amend section (1), subsections (3)(A), (6)(A), (8)(A), and (11)(B) and section (12).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70 is being amended in subsections (3)(A) and (11)(B) and section (12). Additionally, this amendment clarifies language in section (1) and makes a gender correction in subsections (6)(A) and (8)(A).

(1) All applicants for a certificate of registration shall pass all parts of the written examination administered by the National Board of Chiropractic Examiners (N.B.C.E.), including Parts I, II, III (the Written Clinical Competency Examination) and the elective section on Physiotherapy. Additionally, all applicants shall pass the regional/national practical examination (Part IV) administered by the N.B.C.E., and an examination over the Missouri statutes, rules and regulations. If the board determines that Part IV of the N.B.C.E. examination no longer meets the practical examination requirements under section 331.030.6, RSMo, or if the board determines for any reason that it should administer a practical examination, applicants shall pass the practical examination administered by the board. The time and location of each examination may be obtained by [writing/ contacting the board's executive director].

(3) For a senior student to be eligible to take the N.B.C.E. Part IV examination, or the board's practical examination, the following documentation is required:

(A) Completed application which has been completed in accordance with the requirements of [4 CSR 70-2.040] **20 CSR 2070-2.040** and examination or application processing fee;

(6) If the candidate is applying for a practical examination to be administered by the board, the following procedures will apply:

(A) Before the examination, each applicant shall be given an identification number which shall be used during the examination. The candidate shall not be admitted to examination unless [s/he] he/she is wearing the identification badge assigned to him/her;

(8) Notification of Examination Results if Taking a Practical Examination Administered by the Board.

(A) An applicant who receives a passing score will be notified that [s/he] he/she has passed but will not be advised of the score received.

(11) Those candidates for licensure who have successfully completed the N.B.C.E. Part IV examination, or a practical examination administered by the board, and have not obtained their licenses to practice may do so within three (3) years from the date of the examination.

(B) If the license is not obtained within the three (3)-year period and the applicant has been practicing chiropractic in another state, territory or District of Columbia, or in any foreign country, the applicant may file application for license by reciprocity under the provisions of [4 CSR 70-2.070] 20 CSR 2070-2.070.

(12) If the applicant fails to provide all materials required in [4 CSR 70-2.050] 20 CSR 2070-2.050 within one (1) year of filing the application for licensure, the board may return the application and materials to the applicant. The application may request an extension of the one (1) year time period upon submitting a written request to the board outlining the reasons the applicant is not able to provide the documentation required for licensure.

AUTHORITY: sections 331.030, *RSMo Supp. 2006* and 331.100.2, *RSMo 2000*. This rule originally filed as 4 CSR 70-2.050. Original rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.060 Professional Conduct Rules. The board is proposing to amend subsection (5)(D) and section (12).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70-4 in section (12) is being amended. Additionally, this amendment makes a gender correction in subsection (5)(D).

(5) A licensed chiropractic physician shall not—

(D) Report incorrectly services rendered for the purpose of obtaining greater payment than [s/he] he/she is entitled to.

(12) Any licensee who performs a chiropractic review under section 376.423, *RSMo* without having obtained a certification from the board or is not in compliance with [4 CSR 70-4] 20 CSR 2070-4 of the board's rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

AUTHORITY: sections 331.060 and 331.100.2, *RSMo 2000*. This rule originally filed as 4 CSR 70-2.060. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.070 Reciprocity. The board is proposing to amend section (2).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70-2.040 in section (2) is being amended.

(2) Application for licensure by reciprocity shall be made on a form provided by the board and completed in accordance with the requirements of [4 CSR 70-2.040] 20 CSR 2070-2.040.

AUTHORITY: sections 331.030, *RSMo Supp. [2004] 2006* and 331.100.2, *RSMo 2000*. This rule originally filed as 4 CSR 70-2.070. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.080 Biennial License Renewal. This rule defined the licensure renewal requirements.

PURPOSE: This rule is being rescinded and readopted in order to clarify licensure renewal requirements.

AUTHORITY: sections 331.050, RSMo Supp. 2004 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.080. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Rescinded: Filed June 27, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2070-2.080 Biennial License Renewal

PURPOSE: This rule establishes the licensure renewal requirements.

(1) A license shall be renewed biennially contingent upon the licensee completing the required annual hours of continuing education as defined in 20 CSR 2070-2.080(2):

(A) For the purpose of this regulation one (1) hour of continuing education shall consist of at least fifty (50) minutes of instruction or study; and

(B) A chiropractic physician issued a license within one (1) year of graduation from an approved chiropractic college shall be exempt from the continuing education requirements for the calendar year that the license was issued.

(2) Each calendar year (January 1–December 31) a licensee shall complete twenty-four (24) hours of continuing education as defined in 20 CSR 2070-2.080(3) and (5). If a licensee is unable to complete the required annual continuing education, the licensee may submit a written request to the board for an extension in order to comply with the continuing education requirement and shall pay the required late continuing education fee.

(3) At least twelve (12) hours of the required twenty-four (24) hours of continuing education shall be earned by attending formal continuing education programs, seminars, and/or workshops that have been approved by the board in the following categories:

(A) Four (4) hours diagnostic imaging (X-ray);

(B) Four (4) hours differential or physical diagnosis or both; and

(C) Four (4) hours of risk management. Continuing education in this category shall consist of formal programs, seminars, and/or workshops that have been approved by the board in any one or a combination of any of the following categories:

1. Boundary training;

2. Emergency procedures. Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;

3. Human immunodeficiency (HIV), infectious diseases, and/or universal precautions;

4. Cerebrovascular accident (CVA) and/or transient ischemic attack (TIA);

5. Disc injury;

6. Aggravated spinal conditions and/or injury;

7. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;

8. Soft tissue injury; or

9. Case studies in chiropractic that consist of presentations relating to articles published in scholarly journals, treatises, or textbooks used by board approved Council of Chiropractic Education (CCE) colleges and/or universities.

(4) Continuing education hours in compliance with 20 CSR 2070-2.080(3) may be obtained via the Internet pursuant to 20 CSR 2070-2.081(2)(A) and board approval.

(5) The remaining continuing education hours shall consist of general studies as follows:

(A) Meetings. Registered attendance at relevant professional meetings which include, but are not limited to, national, regional, state and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6) continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours;

(B) Publications. Books and/or articles published by licensee in professional books, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;

(C) Presentations. Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor's name was submitted with the course content when requesting approval of the course;

(D) Home Study. Self-study of professional material including relevant books, journals, periodicals, videos, tapes, and other materials and preparation of relevant lectures and talks to public groups. Continuing education credits will be granted at the rate of one (1) hour for reading a national or international journal or periodical and four (4) hours for reading a book. To qualify for continuing education credits under this category, the journal, periodical or book must be related to the clinical practice of chiropractic; and

(E) Individual Study. Relevant chiropractic courses subscribed via

the Internet or by other electronic means.

(6) Chiropractic physicians who are faculty members at a CCE-accredited college may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for teaching or attending course(s) at a CCE-accredited chiropractic college:

(A) The areas of study shall be in compliance with 20 CSR 2070-2.080(3);

(B) For the purpose of this regulation, the faculty member must either teach or attend a course at a CCE-approved chiropractic college for a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(3);

(C) The twelve (12) hours of general continuing education study may be obtained by teaching or attending course(s) relevant to chiropractic provided by a CCE-approved chiropractic college; and

(D) The chiropractic college shall be responsible for submitting course(s) to the board for approval and for verifying attendance by the teacher or faculty member.

(7) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of four (4) hours per year of continuing education credit for teaching courses in diagnostic imaging, differential or physical diagnosis or both, and risk management as defined in 20 CSR 2070-2.080(3)(C).

(8) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of twelve (12) hours per year of continuing education credit for teaching courses in general subjects.

(9) Chiropractic physicians certified by the board in Meridian Therapy/acupressure/acupuncture (MTAA) or insurance consulting who teach continuing education approved by the board may receive up to twelve (12) hours per year of continuing education for teaching courses pursuant to 20 CSR 2070-2.031(3) MTAA or 20 CSR 2070-4.030(2) insurance consulting.

(10) For the purpose of this regulation the teacher or instructor must teach a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(4)(A).

(11) A renewal license will not be issued until all renewal requirements have been met. If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall not be applied to the next reporting cycle. A licensee who has failed to obtain and verify, in a timely fashion, the requisite number of continuing education credits shall not engage in the practice of chiropractic unless an extension is obtained pursuant to section (13) of this rule.

(12) For the license renewal the licensee shall verify the number of continuing education credits earned during the last two (2) immediately preceding continuing education reporting periods on the renewal form provided by the board. The renewal form shall be mailed directly to the board office on or before the expiration date of the license. The licensee shall not submit the actual record of continuing education attendance to the board except in the case of a board audit.

(13) Each licensee shall maintain full and complete records of all continuing education credits earned for the two (2) previous reporting periods in addition to the current reporting period. Formal continuing education credit hours shall be documented by the sponsor of the approved continuing education program and provided to the licensee within thirty (30) days from the date of the program. The licensee is responsible for maintaining that record of attendance as set forth in 20 CSR 2070-2.081(6). Continuing education credits earned through other continuing education experiences shall be documented by the licensee and such documentation shall contain, at a

minimum, the number of hours earned and these hours shall be separated in the various categories defined in section (4) of this rule. The board may conduct an audit of licensees to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries. A response is considered timely if received in the board office within thirty (30) days of a written request by the board for such information.

(14) A licensee who cannot complete the requisite number of continuing education credits because of personal illness, military service or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the December 31 deadline for completion of the continuing education requirement. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the requisite hours of continuing education shall not engage in the active practice of chiropractic until the board grants the licensee's request for extension and the licensee receives express written authorization to do so.

(15) The board shall not grant continuing education credit to any licensee for attending a continuing education course if the licensee attended a subsequent course on the same subject matter during the same continuing education reporting period.

(16) Chiropractic physicians holding a Missouri license, but not practicing in Missouri, may use the approved continuing education hours required of the state in which they practice for license renewal, without prior approval, provided that the continuing education requirement is met and provided that the continuing education falls within the definition set forth in 20 CSR 2070-2.081. If the state in which the chiropractic physician is practicing does not have continuing education requirements for renewal or licensure reinstatement, the out-of-state chiropractic physician must earn the requisite number of continuing education hours required in Missouri and the hours shall be approved by the Missouri board or offered by a college of chiropractic accredited by the CCE.

(17) In order for the board to consider waiving the continuing education requirement for license renewal, all requests for waivers due to illness must be accompanied by a written statement from a practitioner of the healing arts stating the diagnosis, prognosis and length of time the chiropractic physician will be unable to practice or attend an educational program. Waivers due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of chiropractic for at least the majority of the continuing education reporting period.

(18) Reactivation/Reinstatement of License:

(A) A chiropractor that has been licensed in Missouri may apply for reactivation/reinstatement of an expired or inactive license upon submission of the following:

1. Application for reactivation/reinstatement;
2. Reactivation/Reinstatement fee;
3. Proof that the applicant has been licensed and eligible to practice in another state for at least one (1) year preceding the application for reinstatement;
4. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway

Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

5. Completion of the required annual continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5); or

6. Completion of the continuing education hours required by the state in which the applicant is licensed.

(B) When a chiropractic physician applies to reinstate or reactivate a license that has been expired for at least five (5) years, and he/she has not been licensed and eligible to practice in another state for the five (5) years preceding the application for reactivation the chiropractic physician must return to a CCE-accredited chiropractic college for a course of study. A course of study for reactivation of a license shall consist of passing a minimum of twelve (12) semester hours as follows:

1. Four (4) semester hours in chiropractic clinical reasoning;
2. Three (3) semester hours clinical diagnosis; and
3. Five (5) semester hours diagnostic imaging.

(C) The applicant for reinstatement shall document completion of the required course of study with an official transcript from the chiropractic college.

(19) Deadline for Renewal.

(A) Applications for renewal shall be postmarked by the expiration date of the license.

(20) Chiropractic physicians acting as associate examiners for either the state board practical examination or the regional/national practical examination (Part IV) administered by the National Board of Chiropractic Examiners (N.B.C.E.) may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for the administration of the examination:

(A) For the first full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with four (4) hours of continuing education in differential or physical diagnosis and four (4) hours of credit in general chiropractic continuing education;

(B) For the second full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with eight (8) hours of general chiropractic continuing education;

(C) If a chiropractic physician should provide less than four (4) hours of service to the N.B.C.E. in any one administration of the Part IV examination, continuing education credit will not be available to that licensee. Continuing education credits earned from administering the Part IV examination shall be in the formal continuing education category;

(D) If the associate examiner attends the examiner orientation as part of the N.B.C.E. examination administration the associate examiner is eligible for two (2) hours of continuing education in boundary training for each full day the associate examiner participates in the N.B.C.E. administration;

(E) If the associate examiner proctors the X-ray portion of the N.B.C.E. the associate examiner is eligible for one (1) hour of continuing education in X-ray for each examination session. The associate examiner shall be eligible for up to four (4) hours of continuing education credit in X-ray for proctoring the X-ray portion of the examination the entire day; and

(F) Chiropractic physicians participating in the development of Parts I-IV, physiotherapy, or acupuncture examinations administered

by the N.B.C.E. may submit proof of attendance to the board for continuing education approval.

(21) A licensee may submit an application to the board to be classified as inactive. An inactive licensee shall be defined as a chiropractic physician formally licensed by the board that has been approved for inactive status and is not engaged in the practice of chiropractic as defined in section 331.010, RSMo.

(22) If a bad check is received by the board to renew a license and if the replacement fee is not received prior to the expiration date of the license, the license will be not current and the licensee shall not practice until the reactivation form and fee have been submitted to the board.

(23) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a chiropractic physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the requisite hours of continuing education and engages in the active practice of chiropractic without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of chiropractic.

AUTHORITY: sections 331.050, RSMo Supp. 2006 and 331.100.2, RSMo 2000. This rule was originally filed as 4 CSR 70-2.080. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Rescinded and readopted: Filed June 27, 2007.

PUBLIC COST: This proposed rule will cost this state agency or political subdivision approximately six hundred sixty-seven dollars (\$667) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately one thousand two hundred ninety-five dollars (\$1,295) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

[illegible]

IV. ASSUMPTION

1. Employee's salaries were calculated using the annual salary multiplied by 48.89% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
2. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment and transfers.

PRIVATE ENTITY FISCAL NOTE**I. RULE NUMBER****Title 20 - Department of Insurance, Financial Institutions and Professional Registration****Division 2070 - Missouri State Board of Chiropractic Examiners****Chapter 2 - General Rules****Proposed Amendment - 20 CSR 2070-2.080 Biennial License Renewal**

Prepared May 30, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT**First Year of Implementation of Rule**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
7	Continuing Education Providers - Risk Management Documentation Copying Fees @ \$5.00	\$35
7	Continuing Education Providers - Continuing Education Sponsoring Fee @ \$5.00/category/quarter	\$1,260
Estimated Annual Cost of Compliance for the Life of the Rule		\$1,295

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. Cost savings associated with the reinstatement of a license is reported in the fiscal note accompanying proposed amendment 20 CSR 2070-2.090.
2. The above figures are based on the board approving 7 formal seminars in 2006.
3. The board anticipates each provider will submit continuing education in each of the nine (9) categories of risk management for multiple sessions throughout the year. For the purpose of this fiscal note, the board estimates providers will submit request quarterly.
4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.081 Postgraduate Education. The board is proposing to amend section (1), add subsections (2)(A) and (B), and delete sections (8) and (9).

PURPOSE: This amendment defines postgraduate education, sets out the requirements for sponsoring organizations and establishes procedures for inactive chiropractic physicians to obtain a semester of review prior to reactivation of a license.

(1) Postgraduate study as used in this rule and as used in section 331.050, RSMo is defined as a program which provides instruction in, but not limited to, the following: general anatomy, physiology, general diagnosis, microbiology, hygiene and sanitation, X-ray and radiation protection, biochemistry, neurology, orthopedics, spinal anatomy, pathology, principles of chiropractic, chiropractic adjusting, **risk management as defined in 20 CSR 2070-2.080(3)(C)**, and jurisprudence. The program must provide instruction on a level designed to instruct individuals who are already licensed as chiropractic physicians in Missouri. The term postgraduate study may be used interchangeably with the terms continuing education and postgraduate education.

(2) For board approval of postgraduate education programs, sponsoring organizations shall forward to the board two (2) copies of the completed application, syllabus or outline of material covered in the course and *vital* on the speaker(s). This material must be received in the board office at least forty-five (45) days prior to the seminar to receive board approval. A request for approval of a seminar will not be considered by the board if the request is made after the seminar has occurred.

(A) Any sponsoring organization wishing to provide continuing education via the Internet shall submit a detailed explanation of the following:

1. Delivery format explaining how the continuing education material is presented to include applicable security safeguarding the licensee's identity;

2. Process used for gathering information for the continuing education course, to include if course material is updated, how often and who determines when such update is required;

3. Method used for monitoring attendance;

4. Time a licensee is allowed to complete the online continuing education course. The explanation must specify if a licensee has unlimited time and unlimited number of attempts to complete the continuing education course and if multiple attempts to complete the course are monitored;

5. Whether a posttest is required and, if so, how the results are reported to the licensee;

6. How a licensee communicates with the sponsoring organization in the event there are questions or problems;

7. Documentation provided to the licensee when a course is completed;

8. Amount of time a sponsoring organization maintains records of a licensee completing a course of study; and

9. Names and credentials of individuals responsible for the content of the continuing education course.

(B) A sponsoring organization wishing to provide continuing education via the Internet shall provide the board access to the online course for the purpose of reviewing areas such as content and delivery method.

[(8) When a chiropractic physician applies to reinstate a license that has been expired for at least three (3) years and s/he must return to a Council on Chiropractic Education (CCE)-accredited chiropractic college for a semester of review in the clinical subjects, the following subjects shall be covered in the semester of review:

(A) X-ray (case presentation or interpretation);

(B) Physical examination;

(C) Neuromusculoskeletal (NMS) diagnosis;

(D) Neurological and orthopedic examination or diagnosis;

(E) Laboratory diagnosis/interpretation; and

(F) An adjusting technique course.

(9) When a chiropractic physician must return to a CCE-accredited chiropractic college for a semester of review, the review shall be completed successfully.]

AUTHORITY: sections 331.050, RSMo Supp. [2003] 2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.081. Original rule filed April 16, 1990, effective June 30, 1990. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately two hundred forty dollars (\$240) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

PRIVATE ENTITY FISCAL NOTE**I. RULE NUMBER****Title 20 - Department of Insurance, Financial Institutions and Professional Registration****Division 2070 - Missouri State Board of Chiropractic Examiners****Chapter 2 - General Rules****Proposed Rule - 20 CSR 2070-2.081 Postgraduate Education**

Prepared May 30, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT**First Year of Implementation of Rule**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
4	Applicants - 12 Categories Continuing Education Approval @ \$5 per session	\$240
Estimated Annual Cost of Compliance for the Life of the Rule		\$240

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The board estimates that they may receive four (4) applications for online/internet based continuing education. This estimate is based on FY 06 actuals and FY 07 projections.
2. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.090 Fees. The board is proposing to amend section (1).

PURPOSE: Pursuant to section 331.070.1, RSMo, the board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

(1) The following fees hereby are established by the State Board of Chiropractic Examiners:

(C) Application Fee	[\$240.00] \$200
(D) Renewal Fee	[\$300.00] \$200
(F) Reactivation Fee	[\$250.00] \$100
[(I)] Renewal Fee (retired)	\$50.00]
[(J)] (I) Section Regrade Fee (Written Practical)	\$ 25
[(K)] (J) Reevaluation Fee (Oral Practical)	\$ 50
[(L)] (K) Meridian Therapy/Acupressure/Acupuncture	
Certification Application Fee	\$100
[(M)] (L) Preceptorship Program Application Fee	\$ 35
[(N)] (M) Insurance Consultant Certification Fee	\$100
[(O)] (N) Insurance Consultant Renewal Fee	\$100
[(P)] (O) Fingerprinting Fee	
(Amount determined by the Missouri State Highway Patrol)	
[(Q)] (P) Continuing Education Sponsor Fee	
(per session)	\$ 5
[(R)] (Q) Annual Continuing Education Sponsor Fee	\$500**
[(S)] (R) Continuing Education Late Fee	\$ 50
[(T)] (S) Bad Check Fee	\$ 25
[(U)] (T) Temporary License Fee	\$100
[(V)] (U) Renewal Temporary License	\$ 25
[(W)] (V) Specialty Certification Review Fee	\$150
[(X)] (W) Specialist Certification Application Fee	\$100

*If the candidate has not taken the board examination within four (4) consecutive examinations for which the candidate would be eligible, the candidate must pay new examination fee. Candidates taking the N.B.C.E. regional/national practical examination (Part IV) will pay an examination fee directly to the N.B.C.E. This fee will be determined by the N.B.C.E. Applicants paying the **three hundred dollar (\$300) Examination Fee** will not be charged the **two hundred forty dollar (\$240) Application Processing Fee**.

This fee provides continuing education sponsors with the option of paying one **(1) annual fee in lieu of paying the **five dollar (\$5) fee** required with each session on an application for continuing education course approval. The annual fee must be paid with the first application filed by the continuing education sponsor for programs offered in any one continuing education reporting period. No additional fee will be assessed on subsequent applications for continuing education course approval filed for programs offered throughout the continuing education reporting period, regardless of the number of applications filed by the continuing education sponsor.

AUTHORITY: sections 43.543, RSMo Supp. [2004] **2006** and 331.070 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.090. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 12, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions an estimated one hundred eighty-eight thousand two hundred fifty dollars (\$188,250) biennially for the life of the rule. It is anticipated that the costs will recur biennially for the life of the rule, may vary with inflation and is expected to increase biennially at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately one hundred eighty-eight thousand two hundred fifty dollars (\$188,250) biennially for the life of the rule. It is anticipated that the costs will recur biennially for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

PUBLIC ENTITY FISCAL NOTE**I. RULE NUMBER****Title 20 - Department of Insurance, Financial Institutions and Professional Registration****Division 2070 - Missouri State Board of Chiropractic Examiners****Chapter 2 - General Rules****Proposed Rule - 20 CSR 2070-2.090 Fees**

Prepared May 30, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue
State Board of Chiropractic Examiners	\$188,250
Total Loss of Revenue	
Biennially for the Life of the Rule	\$188,250

III. WORKSHEET

The division is statutorily obligated to enforce and administer the provisions of sections 331.010-331.115, RSMo. Pursuant to Section 331.070, RSMo, the division shall by rule and regulation set the amount of fees authorized by sections 331.010-331.115, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 331.010-331.115, RSMo. The board estimates the projections calculated in the Private Entity Fiscal Notes will be total loss of revenue for the board.

IV. ASSUMPTION

1. It is anticipated that the loss of revenue will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2070 - Missouri State Board of Chiropractic Examiners

Chapter 2 - General Rules

Proposed Amendment - 20 CSR 2070-2.090 Fees

Prepared May 30, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated savings for compliance with the amendment by affected entities:
100	Applicants for Licensure (application fee - \$40 decrease)	\$4,000
10	Applicants for Reinstatement (reactivation fee - \$150 decrease)	\$1,500
1,800	Renewal Fee (renewal fee - \$100 decrease)	\$180,000
55	Retired/Renew Licenses (no fee - \$50 decrease)	\$2,750
Estimated Biennial Cost Savings for the Life of the Rule		\$188,250

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures reported above are based upon the average number of applications, reactivations, and renewals for the past several years along with budget projections.
2. It is anticipated that the total saving will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The division is statutorily obligated to enforce and administer the provisions of sections 331.010-331.115, RSMo. Pursuant to Section 331.070, RSMo, the division shall by rule and regulation set the amount of fees authorized by sections 331.010-331.115, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 331.010-331.115, RSMo.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 3—Preceptorship**

PROPOSED AMENDMENT

20 CSR 2070-3.010 Preceptorship. The board is proposing to amend section (4).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70-2.020 and 4 CSR 70-2.030 in section (4) is being amended.

(4) A preceptor shall submit to the chiropractic college a detailed list of duties the intern shall be assigned. The intern shall be allowed to provide only those chiropractic services as authorized in section 331.010, RSMo and [4 CSR 70-2.020] **20 CSR 2070-2.020** and [4 CSR 70-2.030] **20 CSR 2070-2.030** under the supervision of the preceptor.

AUTHORITY: section 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-3.010. Original rule filed April 16, 1990, effective June 30, 1990. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 4—Chiropractic Insurance Consultant**

PROPOSED AMENDMENT

20 CSR 2070-4.030 Renewal and Postgraduate Education. The board is requesting to amend section (2).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 70-2.080(4) in section (2) is being amended.

(2) To renew the certification the chiropractic insurance consultant annually shall obtain twelve (12) hours of postgraduate education in insurance consulting approved by the board. This postgraduate education shall be in compliance with [4 CSR 70-2.080(4)] **20 CSR 2070-2.080(4)** for the general studies category of continuing education required to renew the consultant's chiropractic license.

AUTHORITY: sections 331.060, 331.100.2 and 376.423, RSMo 2000 and 331.050, RSMo Supp. [2003] **2006**. This rule originally filed as 4 CSR 70-4.030. Original rule filed Feb. 15, 1991, effective July 8, 1991. Amended: Filed March 4, 1993, effective Sept. 9, 1993. Amended: Filed Dec. 15, 2003, effective June 30, 2004. Moved to 20 CSR 2070-4.030, effective Aug. 28, 2006. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Chiropractic Examiners, Loree Kessler, Executive Director, PO Box 672, Jefferson City, MO 65102 or via email at chiropractic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2085—Board of Cosmetology and Barber
Examiners
Chapter 3—License Fees**

PROPOSED RULE

20 CSR 2085-3.010 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapters 328 and 329, RSMo, and Truly Agreed To And Finally Passed SB 280, 2005.

(1) The following barber related fees are hereby established by the State Board of Cosmetology and Barber Examiners for those fees, activities or licenses governed by Chapter 328, RSMo:

- | | |
|---|-------|
| (A) Apprentice Barber | |
| 1. Registration | \$ 25 |
| (B) Apprentice Supervisor | |
| 1. Application Fee | \$ 75 |
| (C) Barber | |
| 1. Reciprocity | \$100 |
| 2. Exam Score Endorsement Fee | \$100 |
| 3. Certificate of Registration (first license) | \$ 20 |
| 4. License Renewal | \$ 50 |
| A. Reinstatement (delinquent) Fee after April 30 | |
| not renewable after two (2) years | \$ 50 |
| B. Military renewal under 328.110.3, RSMo | \$ 1 |
| (D) Barber Establishment | |
| 1. Certificate of Registration/License | \$100 |
| 2. Change of Location | |
| A. Full Service Barber Establishment | \$100 |
| B. Barber Chair/Individual Space Renter | \$ 50 |
| 3. Change of Ownership | \$ 50 |
| 4. Adding a Co-Owner | \$ 50 |
| 5. License Renewal | \$100 |
| A. Penalty Fee after March 30 | \$100 |
| 6. Delinquent Fee (Opening a barber establishment without registering before opening) | \$100 |
| (E) Instructor | |
| 1. Certificate of Registration (first license) | \$ 20 |
| 2. License Renewal | \$ 30 |
| A. Reinstatement (delinquent) Fee after April 30 | |

not renewable after two (2) years	\$ 50	5. School Renewal Fee	\$500
(F) Miscellaneous Fees (Applicable to all licensees/ registrants)		(H) Student	
1. Certification/Affidavit of Licensure	\$ 10	1. Enrollment Application Fee	\$ 25
2. Certification of Training Hours, Examination		(3) The following fees are hereby established by the board for crossover licensees under Chapter 328 or Chapter 329, RSMo.	
Scores	\$ 10	(A) Establishments:	
3. Duplicate License/Registration Fee	\$ 10	1. Application/License Fee	\$100
4. Handling/Insufficient Funds Fee		2. Change of Location Fee (Full Service)	\$100
(Any uncollectible check or other financial instrument)	\$ 25	3. Change of Location Fee (Rental)	\$ 50
5. Inactive License Fee	\$ 30	4. Delinquent Fee	
6. Late Fee	\$ 30	(Opening an establishment without a license)	\$100
7. Name Search Fee		5. Reinstatement Fee (Includes Late Fee)	\$130
(As determined by the Missouri State Highway Patrol)		6. Renewal Fee (Full Service & Rental Station)	\$100
(G) School		(B) Instructors	
1. Application Fee to Open a New School/College	\$500	1. Certificate of Registration	\$ 20
2. Change of Location	\$500	2. Instructor Trainee Enrollment Fee	
3. Change of Ownership	\$300	(Applicants required to complete additional cosmetology instructor education or training for crossover license)	\$ 25
4. Adding a Co-Owner	\$ 50	3. Reciprocity Fee	\$100
5. License Renewal	\$500	4. Reinstatement Fee (Includes Late Fee)	\$ 60
(H) Student Barber		5. Renewal Fee	\$ 30
1. Enrollment Application Fee	\$ 25	(C) Miscellaneous Fees	
(2) The following cosmetology related fees are hereby established by the board for those fees, activities or licenses governed by Chapter 329, RSMo:		1. Certification/Affidavit of Licensure	\$ 10
(A) Apprentice Cosmetology		2. Certification of Training Hours, Examination	
1. Enrollment Fee	\$ 25	Scores	\$ 10
(B) Apprentice Supervisor		3. Duplicate License Fee	\$ 10
1. Application Fee	\$ 75	4. Handling Fee	
(C) Cosmetology Establishments (up to and including three (3) operators)		(Any uncollectible check or other financial instrument)	\$ 25
1. Application/License Fee (Full Service & Rental Station)	\$100	5. Inactive License Fee	\$ 30
2. Change of Location—		6. Late Fee	\$ 30
A. Full Service Cosmetology Establishment	\$100	7. Name Search Fee	
B. Rental Station/Independent Contractors	\$ 50	(As determined by the Missouri State Highway Patrol)	
3. Delinquent Fee (Opening a cosmetology establishment without registering before opening)	\$100	(D) Operators	
4. Renewal Fee (Full Service & Rental Station)	\$100	1. Initial Application/License Fee	\$100
(D) Instructors		2. Reciprocity Fee	\$100
1. License Fee	\$ 30	3. Exam Score Endorsement Fee	\$100
2. Instructor Trainee Enrollment Fee	\$ 25	4. Reinstatement Fee (Includes Late Fee)	\$130
3. Reciprocity Fee	\$100	5. Renewal Fee	\$100
4. Reinstatement Fee (Includes Late Fee)	\$ 60	(E) Schools	
5. Renewal Fee	\$ 30	1. Change of Location Fee (schools)	\$850
(E) Miscellaneous Fees (Applicable to all licensees/ registrants)		2. Delinquent Fee	
1. Certification/Affidavit of Licensure/Registration	\$ 10	(Opening a school without required license)	\$100
2. Certification of Training Hours, Examination		3. Initial Application/License Fee	\$850
Scores	\$ 10	4. Reinstatement Fee (schools) (Includes Late Fee)	\$880
3. Duplicate License Fee	\$ 10	5. Renewal Fee (schools)	\$850
4. Handling Fee		(4) All fees are nonrefundable and are payable in the form of a cashier's check, money order, or personal check.	
(Any uncollectible check or other financial instrument)	\$ 25	(5) Checks or other financial instruments returned to the board as uncollectible shall be turned over to the prosecuting attorney's office or the licensee shall be required to pay a handling fee in addition to submitting replacement funds to the board.	
5. Inactive License Fee	\$ 30	(6) Payment of any copy/printout fees and search fees may be required before any information will be provided, pursuant to section 610.026, RSMo.	
6. Late Fee	\$ 30	(7) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise deter- mined by a court of competent jurisdiction or by the Administrative Hearing Commission.	
(F) Operator Fees			
1. Additional Operator Fee	\$ 10		
2. Reciprocity Fee	\$100		
3. Exam Score Endorsement Fee	\$100		
4. Reinstatement Fee (Includes Late Fee)	\$ 80		
5. Renewal Fee	\$ 50		
(G) School			
1. Change of Location Fee	\$500		
2. School Application/License Fee	\$500		
3. Satellite Classroom License Fee	\$300		
4. Satellite Classroom Renewal Fee	\$300		

AUTHORITY: sections 328.060.1, RSMo 2000 and 329.025(4), RSMo Supp. 2006. Original rule filed June 27, 2007.

PUBLIC COST: This proposed rule will generate revenue of approximately eight hundred sixty-seven thousand nine hundred and sixty-five dollars (\$867,965) annually and \$2,228,976 biennially for the life of the rule. It is anticipated that the amount of revenue will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately eight hundred sixty-seven thousand nine hundred and sixty-five dollars (\$867,965) annually and \$2,228,976 biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Cosmetology and Barber Examiners, Darla Fox, Executive Director, PO Box 1062, Jefferson City, MO 65102, by faxing comments to (573) 751-8176, or by emailing comments to cos-bar@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration

Division 2085 - Board of Cosmetology and Barber Examiners

Chapter 3 License Fees

Proposed Rules - 20 CSR 2085-3.010 Fees

Prepared May 4, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance
Board of Cosmetology and Barber Examiners	\$867,965.00 Annually
	\$2,228,976.00 Biennially

III. WORKSHEET

The division is statutorily obligated to enforce and administer the provisions of sections 331.010-331.115, RSMo. Pursuant to Section 331.070, RSMo, the division shall by rule and regulation set the amount of fees authorized by sections 331.010-331.115, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 331.010-331.115, RSMo. The board estimates the projections calculated in the Private Entity Fiscal Notes will be total loss of revenue for the board.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions, and Professional Registration

Division 2085 - Board of Cosmetology and Barber Examiners

Chapter 3 License Fees

Proposed Rules - 20 CSR 2085-3.010 Fees

Prepared May 4, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Annual

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated annual cost of compliance with the rule by affected entities:
Apprentice Barbers		
7	Registration \$25.00	\$175
Barber Apprentice Supervisors		
8	Supervisor Application \$75.00	\$600
Barbers		
38	Reciprocity \$100.00	\$3,800
2	Exam Score Endorsement Fee \$100.00	\$200
118	Certificate of Registration \$20.00	\$2,360
Barber Establishments		
286	Certificate of Registration/License \$100.00	\$28,600
5	Change of Location - Full Service Barber Establishment \$100.00	\$500
20	Change of Location - Barber Chair/Individual Space Renter \$50.00	\$1,000
1	Change of Ownership \$50.00	\$50
1	Adding a Co-Owner \$50.00	\$50
46	Delinquent Fee \$100.00	\$4,600

Barber Instructors		
8	Instructor Certificate of Registration \$20.00	\$160
Barber Schools		
1	Application Fee to Open a New School/College \$500.00	\$500
1	Change of Location \$500.00	\$500
1	Change of Ownership \$300.00	\$300
1	Adding a Co-Owner \$50.00	\$50
Student Barbers		
172	Student Barber Enrollment Application Fee \$25.00	\$4,300
Apprentice Cosmetologists		
112	Enrollment Fee \$25.00	\$2,800
Apprentice Cosmetologists Supervisors		
112	Supervisor Application Fee \$75.00	\$8,400
Cosmetology Establishments		
3,041	Application/License Fee - Full Service & Rental Station \$100.00	\$304,100
361	Additional Operator Fee \$10.00	\$3,610
45	Change of Location - Full Service Cosmetology Establishment \$100.00	\$4,500
950	Change of Location - Rental Station/Independent Contractors \$50.00	\$47,500
40	Delinquent Fee \$100.00	\$4,000
Cosmetology Instructors		
1	License Fee \$30.00	\$30
70	Instructor Trainee Enrollment Fee \$25.00	\$1,750
11	Reciprocity Fee \$100.00	\$1,100
Cosmetology Operators		
572	Reciprocity Fee \$100.00	\$57,200

2	Exam Score Endorsement Fee \$100.00	\$200
Cosmetology Schools		
2	Change of Location \$500.00	\$1,000
5	Application/License Fee \$500.00	\$2,500
2	Satellite Classroom License Fee \$300.00	\$600
Cosmetology Students		
3,933	Student Enrollment Application Fee \$25.00	\$98,325
Crossover Establishments		
100	Establishments Application/License Fee \$100.00	\$10,000
5	Establishments Change of Location Fee - Full Service \$100.00	\$500
10	Establishments Change of Location Fee - Rental \$50.00	\$500
5	Delinquent Fee \$100.00	\$500
Crossover Instructors		
25	Certificate of Registration \$20.00	\$500
25	Instructor Trainee Enrollment Fee \$25.00	\$625
2	Reciprocity Fee \$100.00	\$200
2	Reinstatement Fee \$60.00	\$120
Crossover Operators		
100	Initial Application/License Fee \$100.00	\$10,000
5	Reciprocity Fee \$100.00	\$500
2	Exam Score Endorsement Fee \$100.00	\$200
2	Reinstatement Fee \$130.00	\$260
Crossover Schools		
1	Change of Location Fee \$850.00	\$850
1	Delinquent Fee \$100.00	\$100
6	Initial Application/License Fee \$850.00	\$5,100

Miscellaneous Fees		
781	Certification/Affidavit of Licensure \$10.00	\$7,810
777	Certification of Training Hours, Examination Scores \$10.00	\$7,770
76	Duplicate License/Registration Fee \$10.00	\$760
23	Handling/Insufficient Funds Fee \$25.00	\$575
7,051	Inactive License Fee \$25.00	\$176,275
1,842	Late Fee \$30.00	\$55,260
140	Name Search Fee \$30.00 (As Determined by the Highway Patrol)	\$4,200
Estimated Annual Cost of Compliance for the Life of the Rule		\$867,965

Biennial

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated biennial cost of compliance with the rule by affected entities:
Barber Licenses		
208	Barber License Renewal \$30.00	\$6,240
1	Barber License Renewal Reinstatement \$60.00	\$60
1	License Renewal under 328.110.3, RSMo \$1.00	\$1
1,337	Barber Establishment License Renewal \$50.00	\$66,850
16	Barber Establishment Penalty Fee \$100.00	\$1,600
44	Barber Instructor License Renewal \$30.00	\$1,320
1	Barber Instructor License Renewal Reinstatement \$60.00	\$60
7	Barber Schools License Renewal \$500.00	\$3,500

Cosmetology Licenses		
9,945	Cosmetology Establishments Renewal Fee \$50.00	\$497,250
9	Cosmetology Instructors Reinstatement Fee \$60.00	\$540
446	Cosmetology Instructors Renewal Fee \$30.00	\$13,380
7,005	Cosmetology Instructors Inactive License Fee \$25.00	\$175,125
1,824	Cosmetology Instructors Late Fee \$30.00	\$54,720
41,520	Operator Fees Renewal Fee \$30.00	\$1,245,600
1,824	Operator Fees Reinstatement Fee \$60.00	\$109,440
2	School Satellite Classroom Renewal Fee \$300.00	\$600
91	School Renewal Fee \$500.00	\$45,500
Crossover Licenses		
25	Crossover Instructor Renewal Fee \$30.00	\$750
2	Crossover License Establishment Reinstatement Fee \$130.00	\$260
2	Crossover License Establishment Renewal Fee \$100.00	\$200
1	Crossover School Reinstatement Fee \$880.00	\$880
6	Crossover School Renewal Fee \$850.00	\$5,100
Estimated Biennial Cost of Compliance for the Life of the Rule		\$2,228,976

III. WORKSHEET

The division is statutorily obligated to enforce and administer the provisions of sections 331.010-331.115, RSMo. Pursuant to Section 331.070, RSMo, the division shall by rule and regulation set the amount of fees authorized by sections 331.010-331.115, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 331.010-331.115, RSMo. The board estimates the projections calculated in the Private Entity Fiscal Notes will be total loss of revenue for the board.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur over the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2090—State Board of Cosmetology
Chapter 13—General Rules**

PROPOSED RESCISSION

20 CSR 2090-13.010 Fees. This rule established and fixed the various fees and charges.

PURPOSE: This rule is being rescinded and a new rule promulgated that establishes and fixes the various fees and charges authorized by SB 280 (2005).

AUTHORITY: sections 329.110, RSMo 2000 and 329.210, RSMo Supp. 2003. This rule originally filed as 4 CSR 90-13.010. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 11, 1981. Original rule filed July 1, 1981, effective Dec. 11, 1981. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed June 27, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission would not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri State Board of Cosmetology and Barber Examiners, Darla Fox, Executive Director, PO Box 1062, Jefferson City, MO 65102, by faxing comments to (573) 751-8176, or by emailing comments to cos-bar@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts
Chapter 3—Licensing of Physical Therapists and
Physical Therapist Assistants**

PROPOSED AMENDMENT

20 CSR 2150-3.010 Applicants for Licensure as Professional Physical Therapists. The board is proposing to amend sections (1), (5), (7), and (8).

PURPOSE: This amendment corrects a grammatical error in the requirements for applicants from a country in which the predominant language is not English.

(1) The applicant shall furnish satisfactory evidence as to his/her innocence of unprofessional or dishonorable conduct and good moral character including acceptable evidence that [s/he] he/she is at least twenty-one (21) years of age.

(5) All applicants shall have licensure, registration or certification verification submitted from every state or country in which [s/he] he/she has ever held privileges to practice as a physical therapist or physical therapist assistant. This verification must be submitted directly from the licensing agency and include the type of license,

registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions. If a licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(7) If the applicant is from a country in which the predominant language is not English, the applicant must provide the board with **documentation** of the following **directly from the Educational Testing Service (ETS)**:

(A) Test of English as a Foreign Language (TOEFL) Certificate in which the applicant has obtained on the TOEFL paper-based a minimum score of [fifty-five (55)] in each section and a total score of [five hundred sixty (560)] and Test of Spoken English (TSE) Certificate in which the applicant has obtained a minimum score of 50; or

(B) TOEFL computer-based testing certificate in which the applicant has obtained a total score of 220 and Test of Spoken English (TSE) Certificate in which the applicant has obtained a minimum score of 50; or

(C) TOEFL Internet based testing (TOEFL iBT) a minimum of the following in each section: Writing 24, Speaking 26, Reading Comprehension 21, Listening Comprehension 18 and a total score of 89 [; or].

[(B) Test of Spoken English (TSE) Certificate in which the applicant has obtained a minimum score of fifty (50).]

(8) An internationally trained physical therapist applying for licensure shall present proof that [s/he] he/she is licensed as a physical therapist in the country in which [s/he] he/she graduated.

AUTHORITY: sections 334.125, RSMo 2000 and 334.530 and 334.550, RSMo Supp. 2006. This rule originally filed as 4 CSR 150-3.010. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 27, 2007.

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Boulevard, PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts
Chapter 4—Licensing of Speech-Language Pathologists
and Audiologists**

PROPOSED AMENDMENT

20 CSR 2150-4.052 Continuing Education Requirements. The board is proposing to amend sections (2), (3), and (5).

PURPOSE: This amendment more clearly defines the requirements for reinstatement of a license that has expired for a period of more than three (3) years. Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Effective September 30, 2006 the chapters of the rules were re-numbered in the **Code of State Regulations** to implement this transfer. This amendment corrects the reference to 4 CSR within the text of the rule.

(2) The period for completion of the continuing education requirements shall be the twenty-four (24)-month period beginning January 1 and ending December 31 of each reporting period. Continuing education hours cannot be carried over into the next reporting period. A licensee who has failed to obtain and report, in a timely fashion, the required thirty (30) hours of continuing education shall not engage in the practice of speech-language pathology and/or audiology unless an extension is obtained and approved pursuant to rule [4 CSR 150-4.054] **20 CSR 2150-4.054**.

(3) Each licensee shall certify by [signature] **attestation**, on his/her licensure renewal form, under penalty of perjury, that [s/he] **he/she** has completed the required thirty (30) hours of continuing education, and that the continuing education obtained meets the qualifying criteria specified in rule [4 CSR 150-4.053] **20 CSR 2150-4.053**.

(5) Reinstatement.

(A) To reinstate the license of a speech-language pathologist and/or audiologist whose license has been in a noncurrent state for any reason, for a period of three (3) years or less, that licensee shall [obtain] **submit**, in addition to any other requirements of law, [all the continuing education that the licensee would otherwise have been required to obtain if the license had been current and active during that period.] **thirty (30) hours of continuing education completed in the two (2)-year period preceding the reinstatement of the license, as defined in rule 20 CSR 2150-4.053; or**

(B) To reinstate a license which has been noncurrent for any reason, for more than three (3) years, that licensee shall **submit sixty (60) hours of continuing education completed within the last four (4) years as defined in rule 20 CSR 2150-4.053 or comply with rule [4 CSR 150-4.030] 20 CSR 2150-4.030** and any other requirements of law. No license shall be reinstated unless and until all required continuing education is obtained and reported to the board and all other requirements of law have been satisfied.

AUTHORITY: sections 345.030, 345.051 and 345.075, RSMo [Supp. 1998] **2000**. This rule originally filed as 4 CSR 150-4.052. Original rule filed Nov. 17, 1997, effective June 30, 1998. Amended: Filed Nov. 16, 1998, effective July 30, 1999. Moved to 20 CSR 2150-4.052, effective Aug. 28, 2006. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Boulevard, PO Box 4, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 6—Licensure of Athletic Trainers

PROPOSED AMENDMENT

20 CSR 2150-6.020 Applicants for Licensure as Athletic Trainers. The board is requesting to delete section (5) and renumber and amend the remaining section.

PURPOSE: This amendment eliminates a portion of the rule that is no longer required.

[(5) If the applicant is applying for licensure as an athletic trainer pursuant to 334.708.1(3), RSMo, they must provide proof which is acceptable to the board of experience and educational quality equal to that as required by section 334.708.1(1), RSMo. Said proof is set forth by a role delineation study completed by the NATA BOC, 5th Edition, 4223 South 143rd Circle, Omaha, NE 68137-4505 or its successor agency which is incorporated by reference and retained at the office of the board. This rule does not incorporate any subsequent amendments or additions.]

[(6)] (5) The board shall charge each person applying for licensure to practice as an athletic trainer an appropriate fee which will be established by the board. The fee shall be sent with the application [and in the form of a bank draft, postal money order or express money order. (Personal checks will not be accepted.)].

AUTHORITY: sections 334.125 RSMo 2000 and 334.702, 334.704, 334.706, 334.708, 334.710 and 334.712, RSMo Supp. 2006. This rule originally filed as 4 CSR 150-6.020. Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Amended: Filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2150-6.020, effective Aug. 28, 2006. Amended: Filed Oct. 16, 2006, effective May 30, 2007. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Boulevard, PO Box 4, Jefferson City, MO 65102, by faxing (573) 751-3166 or by emailing healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED AMENDMENT

20 CSR 2150-9.050 Applicants for Temporary Licensure. The board is proposing to amend language in section (12) and amend section (14).

PURPOSE: This amendment deletes the portion of the rule that refers to renewal of temporary licensure.

(12) The temporary license shall be valid until the examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission for Certification of Anesthesiologist Assistants. *[The temporary license shall automatically terminate if the temporary licensee fails the examination. The temporary licensee may apply for temporary licensure renewal pursuant to 4 CSR 150-9.051.]*

(14) When an applicant has filed his/her application and the appropriate fee for temporary licensure, and the applicant is denied by the board pursuant to the provisions of section 334.414, RSMo or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of *[4 CSR 150-9.080]* **20 CSR 2150-9.080** and section 334.101.1, RSMo.

AUTHORITY: sections 334.125, RSMo 2000 and 334.406 and 334.414, RSMo Supp. [2005] 2006. This rule originally filed as 4 CSR 150-9.050. Original rule filed Jan. 17, 2006, effective Aug. 30, 2006. Moved to 20 CSR 2150-9.050, effective Aug. 28, 2006. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Boulevard, PO Box 4, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2255—Missouri Board for Respiratory Care
Chapter 4—Continuing Education Requirements**

PROPOSED AMENDMENT

20 CSR 2255-4.010 Continuing Education Requirements. The board is proposing to amend sections (1) and (2) and subsection (3)(E).

PURPOSE: This amendment defines “traditional” and “non-traditional” course offerings for continuing education required for renewal. This amendment also makes gender corrections throughout the rule.

(1) As a condition for renewal of a license, all respiratory care practitioners are required to complete twenty-four (24) hours of approved continuing education in the practice of respiratory care as defined by section 334.800(11), RSMo in the continuing education reporting period preceding renewal of the license. The continuing education reporting period is the twenty-four (24)-month period beginning on

August 1 of even numbered years and ending on July 31 of even numbered years. Continuing education hours earned after July 31 shall apply to the next continuing education reporting period. *[No more than twelve (12) hours credit will be awarded for home study during each continuing education reporting period.]* **At least twelve (12) hours credit shall be from approved, traditional programs during each continuing education reporting period. Traditional educational programs are those programs, attended either in person or attended remotely, by the use of telecommunication technology, where the presentation is “live,” and where the attendee can interact with and ask questions of the presenter during the presentation. Non-traditional programs are those approved programs that include a testing mechanism, not presented “live” where the attendee is not able to interact with and ask questions of the presenter during the presentation.** The licensee is exempt from continuing education requirements for the first renewal period after initial licensing.

(2) For the license renewal due on August 1, 2002, and each subsequent renewal thereafter, the licensee shall certify, on the renewal *[from] form* provided by the board, that *[s/he] he/she* has obtained at least twenty-four (24) hours of continuing education during the continuing education reporting period preceding the license renewal. The renewal form shall be submitted to the board office on or before the expiration date. The renewal form shall not be considered complete until all of the required information has been received by the board. The licensee shall not submit the record of continuing education attendance to the board except in the case of a board audit.

(3) A continuing education hour includes but is not limited to:

(E) *[Completion]* **Successful completion of college level** academic course work in respiratory care with one (1) credit hour equaling twelve (12) continuing education hours.

AUTHORITY: sections 334.840.2 and 334.850, RSMo 2000 and 334.880, RSMo Supp. [2005] 2006. This rule originally filed as 4 CSR 255-4.010. Original rule filed June 25, 1998, effective Jan. 30, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed June 27, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board for Respiratory Care, Attention: Vanessa Beauchamp, PO Box 1335, Jefferson City, MO 65102, by facsimile to (573) 526-3489 or via email to rcp@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 10—Food Safety and Meat Inspection

ORDER OF RULEMAKING

By the authority vested in the director of agriculture under section 265.020, RSMo 2000, the director amends a rule as follows:

2 CSR 30-10.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2007 (32 MoReg 578-579). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received from the public. However, a comment was received at a review meeting by USDA/FSLS.

COMMENT: As a result of the June 6, 2007 review of the Missouri Meat and Poultry Inspection Program by USDA/FSIS to determine Missouri's "equal to status" it was noted that in sections (4) and (5) the section of the *United States Code* should specifically reference the sections of the Federal Meat Inspection Act and Poultry Product Inspection Act that will allow Missouri to regulate and enforce said acts. Also, noted that in section (4) the correct chapter is 12 not 21. **RESPONSE AND EXPLANATION OF CHANGE:** The department agrees with the comment and will make the changes.

2 CSR 30-10.010 Inspection of Meat and Poultry

(4) The standards used to inspect Missouri meat products, and enforce such standards, shall be those shown in Title 21, Chapter 12, the *United States Code* (U.S.C. 601 et seq.), herein incorporated by reference and made a part of this rule, as published by the United States Superintendent of Documents, 732 N Capital Street NW, Washington DC 20402-0001, phone: toll free (866) 512-1800: DC area (202) 512-1800, email <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.

(5) The standards used to inspect Missouri poultry products, and enforce such standards, shall be those shown in Title 21, Chapter 10, the *United States Code* (U.S.C. 451 et seq.), herein incorporated by reference and made a part of this rule, as published by the United States Superintendent of Documents, 732 N Capital Street NW, Washington, DC 20402-0001, phone: toll free (866) 512-1800: DC area (202) 512-1800, email <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.440 is amended.

This rule establishes hunting seasons and limits and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.440 by establishing seasons and limits for hunting migratory game birds and waterfowl during the 2007 season.

3 CSR 10-7.440 Migratory Game Birds and Waterfowl: Seasons, Limits

PURPOSE: This amendment establishes season dates and bag limits for hunting migratory game birds and waterfowl within frameworks established by the U.S. Fish and Wildlife Service for the 2007 season.

(3) Seasons and limits are as follows:

(E) Blue-winged, green-winged and cinnamon teal may be taken from sunrise to sunset from September 8 through September 23. Limits: four (4) teal in the aggregate of species daily; eight (8) in possession.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 27, 2007, effective **August 1, 2007**.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 60—Division of Career Education Chapter 100—Adult Education

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under section 161.092, RSMo Supp. 2006, the board rescinds a rule as follows:

5 CSR 60-100.050 Family Literacy Program is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 16, 2007 (32 MoReg 629). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 5—Air Quality Standards and Air Pollution
Control Rules Specific to the St. Louis Metropolitan Area**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission amends a rule as follows:

10 CSR 10-5.220 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 215–224). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received comments on the proposed amendment from the Alliance of Automobile Manufacturers (Alliance), the American Petroleum Institute (API), The Boeing Company (Boeing) and the U.S. Environmental Protection Agency (EPA). Comments both supporting this amendment and recommending changes were offered.

Due to a similarity of the following two (2) comments, one (1) response that addresses both comments can be found at the end of these two (2) comments:

COMMENT: The Alliance commented that they are in favor of the removal of the requirement for the Missouri Performance Evaluation Test Procedures (MO/PETP) testing and the removal of Stage II at initial fueling operations in automobile assembly plants. They also suggested clarifying that the requirements for facilities using Stage II during initial fueling do not apply to facilities that rely on Onboard Refueling Vapor Recovery (ORVR) to control these emissions.

COMMENT: API commented that they support the proposal to allow initial fueling facilities to discontinue use of Stage II vapor recovery systems (Stage II).

RESPONSE: This amendment allows the automobile manufacturers relief from only the MO/PETP testing requirements. All other MO/PETP requirements apply. The department's Air Pollution Control Program believes the proposed language in subparagraphs (3)(F)2.A. and B. is clear that the requirements for facilities using Stage II during initial fueling do not apply to facilities that rely on Onboard Refueling Vapor Recovery (ORVR) to control these emissions. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

Due to a similarity of the following two (2) comments, one (1) response that addresses both comments can be found at the end of these two (2) comments:

COMMENT: The Alliance commented that requiring an initial fuel-

ing limit by incorporating by reference the ten (10) gallon per minute rate limit in 40 CFR 80.22(j) isn't necessary because the new ORVR canisters are capable of higher delivery rates; spit-back at tank partial filling is not a problem; doing so will impose a production economic handicap, and other states do not require a limit for initial fueling operations.

COMMENT: EPA commented that the amendment includes incorporating by reference the requirements of 40 CFR 80.22(j) that includes a maximum fuel dispensing flow rate of ten (10) gallons per minute which applies to, among others, retailers and wholesale purchaser-consumers handling over ten thousand (10,000) gallons of fuel per month. This federally-promulgated rule has been opposed by some industry in Missouri so it should be noted that the rule will continue to be enforced by EPA whether or not the reference is included in the *Code of State Regulations* and submitted with the State Implementation Plan (SIP).

RESPONSE AND EXPLANATION OF CHANGE: The department's Air Pollution Control Program has incorporated by reference the fuel dispensing requirements in 40 CFR 80.22(j) to recognize the federal requirement for fueling rates. The purpose of this amendment was only to provide relief for initial fueling installations from the MO/PETP testing. Therefore, as a result of this comment, the reference to the federal fuel dispensing requirement has been removed from the initial fueling part (3)(F)2.E.(III).

COMMENT: The Alliance commented in Fueling of Motor Vehicles at paragraph (3)(E)8. that dispensing gasoline should be changed to refueling of motor vehicles and the language referring to the ten (10) gallon rate be removed along with the incorporation by reference language after 40 CFR 80.22(j).

RESPONSE: This comment is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: API commented that the addition of Enhanced Vapor Recovery (EVR) language in the operating permits section could cause Stage II systems in existing facilities to have to install new EVR equipment when the equipment may soon be unnecessary.

RESPONSE AND EXPLANATION OF CHANGE: The department's Air Pollution Control Program added the EVR language to clarify that at least ninety-five percent (95%) vapor recovery or removal efficiency was still required. It was not intended to require EVR equipment on Stage II systems at existing facilities. Therefore, the EVR language has been removed in subsections (2)(C), (2)(G), and (3)(I) to avoid confusion.

COMMENT: API commented that they are concerned with the approach to limiting the automobile manufacturing plants initial fueling operations to either ORVR or Stage II because this change reflects a one-on-one equivalency between the two (2) systems that was not intended in the Clean Air Act.

RESPONSE: The department's Air Pollution Control Program did not intend a one-on-one equivalency between the two (2) systems. This amendment allows the automobile manufacturers relief from only the MO/PETP testing requirements. All other MO/PETP requirements apply. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: Boeing commented that the proposed exemption in paragraph (1)(C)3. for tanks less than one thousand (1,000) gallons is inconsistent with paragraph (3)(C)1. because it requires submerged fill on tanks of five hundred (500) gallons and larger. Boeing suggests changing (1)(C)3. to a greater than five hundred (500) gallon limit.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, paragraph (1)(C)3. has been changed to a five hundred

(500) gallon limit.

COMMENT: Boeing commented that the conditional exemption in paragraph (1)(C)4. and its companion provision in paragraph (3)(E)1. regarding one thousand (1,000) gallon and smaller tanks is impractical because the smaller tanks are usually remote from the main fleet fueling station, but still within the installation.

RESPONSE: The comment about the tanks is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment. However, this comment will be retained in a general rule comment file and considered the next time the rule is opened for changes.

COMMENT: Boeing also commented that facility should be changed to installation in paragraphs (1)(C)4. and (3)(E)1. because facility is not defined whereas installation is.

RESPONSE AND EXPLANATION OF CHANGE: As a result of the comment, the term facility has been changed to installation throughout the rule.

COMMENT: The Alliance commented that the throughput limit requirements should be independent in paragraph (1)(C)4.; and subsection (3)(F) should be included in this exemption and the exemption in paragraph (1)(C)7.

RESPONSE: These comments are outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: Boeing commented that the term delivery vessel used in this rule is defined in 10 CSR 10-6.020 and includes drums. This may lead to compliance problems because subsection (3)(D) would impose testing requirements on drums used for gasoline delivery; subparagraph (1)(C)2.B. would require specific delivery drums to be Stage II equipped; and subsection (3)(B) would prohibit the loading of gasoline into any delivery drums without vapor recovery. In each case the requirements are not appropriate for drums and the definition in rule 10 CSR 10-6.020 should be modified to delete the reference to drums.

RESPONSE: As a result of this comment, the delivery vessel definition in rule 10 CSR 10-6.020 will be amended to delete drums the next time it is open for amendment. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: Boeing commented that subsection (4)(C) contains language requiring that fuel delivery receipts bear the point of origin in addition to the name of the vendor. Boeing suggested deleting the term point of origin because it is unclear and not relevant to compliance by operators of stationary tanks.

RESPONSE AND EXPLANATION OF CHANGE: As a result of these comments, point of origin has been removed from subsection (4)(C).

COMMENT: The Alliance commented that the exemption in paragraph (1)(C)9. should only relate to ancillary refueling of motor vehicles.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, this paragraph has been revised to clarify that the exemption refers to ancillary refueling.

COMMENT: The Alliance commented that paragraphs (1)(C)8. and 9.; and subparagraph (3)(F)1.A. should have references corrected from (2)(I) and (2)(J) to (2)(F) and (2)(A), respectively.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, these references have been corrected.

COMMENT: The Alliance commented that the definition at (2)(A) for ancillary refueling system should include the language—at an automobile assembly plant—in the first sentence for clarity.

RESPONSE: This term, if added, would be redundant to the last sentence. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented that the word fueling should be refueling throughout most of the rule. The Alliance also commented that a definition for refueling should also be included into the rule for clarity.

RESPONSE: This comment is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented that the definition at (2)(G) for MO/PETP should have language added—and in effect on the date of publication of the final rule for clarity.

RESPONSE: This comment is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented that the system definition at (2)(I) should be changed to vapor recovery system.

RESPONSE AND EXPLANATION OF CHANGE: The definition itself refers to vapor recovery and no wording changes were made to subsection (2)(I). However, it was noticed in review of this comment that the definition in subsection (2)(J) should be clarified by adding Stage I or Stage II to define vapor recovery equipment. Therefore, a change was made to subsection (2)(J).

COMMENT: The Alliance commented that the requirements in parts (3)(C)1.C.(I), (II) and (III) should be independent and the sentence in part (3)(C)1.C.(IV) should be included in the (3)(C)1.C.(III) requirement.

RESPONSE AND EXPLANATION OF CHANGE: The requirements in parts (3)(C)1.C.(I), (II) and (III) are inclusive and have not been changed to independent requirements. However, the requirement in part (3)(C)1.C.(IV) has been merged with the (3)(C)1.C.(III) requirement.

COMMENT: The Alliance commented in Initial Fueling of Motor Vehicles at (3)(F)2.A.–C. that language allowing the use of director approved equivalent control measures should be included.

RESPONSE: This comment is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented in Initial Fueling of Motor Vehicles at part (3)(F)2.E.(III) that affected facility should be changed to ancillary refueling system, dispensing gasoline should be changed to refueling of motor vehicles, and the incorporation by reference language should be removed after 40 CFR 80.22(j).

RESPONSE: Since part (3)(F)2.E.(III) was removed in response to another comment, no additional wording changes are necessary.

COMMENT: The Alliance commented in Initial Fueling of Motor Vehicles at parts (3)(F)2.E.(IV) and (V) that language pertaining to refueling and sealing should be added.

RESPONSE: This comment is outside the scope of the rulemaking that was proposed in the public notice. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented in subsection (3)(G)2.A. in Permits Required that additional language should be added referring to Stage II control devices.

RESPONSE: Adding this additional language would be redundant to existing language. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented in subsection (4)(E) and (F) that the reference to days should be changed to business days.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the term day has been changed to business day throughout section (4).

COMMENT: The Alliance commented in subsection (4)(E) that fueling of motor vehicles should be referred to as refueling systems.

RESPONSE: Subsection (4)(E) deals with fueling of motor vehicles rather than refueling systems. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT: The Alliance commented in subsection (5)(F) that the term ancillary refueling systems should include reference to a vapor recovery system.

RESPONSE: This suggested language should not be included because inspections need to be made on all systems whether or not they are equipped with vapor recovery systems. Therefore, no wording changes have been made to the proposed rulemaking as a result of this comment.

10 CSR 10-5.220 Control of Petroleum Liquid Storage, Loading and Transfer

(1) Applicability.

(C) Exemptions to this rule include:

1. Petroleum storage tanks that meet the following requirements shall be exempt from subsection (3)(A) of this rule:

A. Are used to store processed and/or treated petroleum or condensate when it is stored, processed and/or treated at a drilling and production installation prior to custody transfer;

B. Contain a petroleum liquid with a true vapor pressure less than 27.6 kilopascals (kPa) (4.0 psia) at ninety degrees Fahrenheit (90°F);

C. Are of welded construction, and equipped with a metallic-type shoe primary seal and have a shoe-mounted secondary seal or closure devices of demonstrated equivalence approved by the staff director; and

D. Are used to store waxy, heavy pour crude oil.

2. Gasoline loading. Subsection (3)(B) of this rule shall not apply to a loading installation whose average monthly throughput of gasoline is less than or equal to one hundred twenty thousand (120,000) gallons when averaged over the most recent calendar year, provided that the installation loads gasoline by submerged loading and meets the following requirements:

A. To maintain the exemption, these installations shall submit a report on a form supplied by the department no later than February 1 of each year to the staff director stating gasoline throughput for each month of the previous calendar year. After the effective date of this rule, any revision to the department supplied forms will be presented to the regulated community for a forty-five (45)-day comment period;

B. Delivery vessels purchased after December 31, 1995, shall be Stage I equipped;

C. A loading installation that fails to meet the requirements of the exemption for one (1) calendar year shall not qualify for the exemption again;

D. To maintain the exemption, owners or operators shall maintain records of gasoline throughput and gasoline delivery; and

E. Delivery vessels operated by an exempt installation shall not deliver to Stage I controlled tanks unless the delivery vessel is equipped with and employs Stage I controls.

3. Stationary gasoline tanks with a capacity of less than or equal to five hundred (500) gallons.

4. Fueling of motor vehicles. Installations with one thousand (1,000) gallon or smaller tank(s) and monthly throughput of less than or equal to ten thousand (10,000) gallons of gasoline through the tanks are exempt from subsection (3)(E) of this rule.

5. Gasoline transfer provisions per paragraph (3)(C)2. of this rule shall not apply to transfers made to storage tanks equipped with floating roofs or their equivalent.

6. Gasoline transfer provisions per paragraphs (3)(C)1.-4. of this rule shall not apply to stationary storage tanks having a capacity less than or equal to two thousand (2,000) gallons used exclusively for the fueling of implements of agriculture.

7. Fueling of motor vehicles pursuant to subsection (3)(E) of this rule shall not apply to any stationary tank used primarily for the fueling of agricultural implements or implements of husbandry. For purposes of subsection (3)(E), agricultural implements and implements of husbandry shall refer to vehicles exempted from licensing requirements by the Missouri Department of Revenue.

8. Initial fueling of motor vehicles. Subsection (3)(E) of this rule shall not apply to any fueling system used for the initial fueling of motor vehicles as defined in subsection (2)(E) of this rule.

9. Ancillary refueling of motor vehicles. Subsection (3)(E) of this rule shall not apply to any ancillary refueling system used for the refueling of motor vehicles as defined in subsection (2)(A) of this rule.

(2) Definitions.

(A) Ancillary refueling system—Any gasoline dispensing installation, including related equipment, that shares a common storage tank with an initial fueling system as defined in subsection (2)(E) of this rule. The purpose of an ancillary refueling system is to refuel in-use motor vehicles at automobile assembly plants.

(C) Department—Missouri Department of Natural Resources, PO Box 176, Jefferson City, MO 65102.

(D) Director—The director of the Missouri Department of Natural Resources, or a designated representative to carry out the duties as described in 643.060 of the Missouri Air Conservation Law.

(E) Initial fueling of motor vehicles—The operation, including related equipment, of dispensing gasoline fuel into a newly assembled motor vehicle at an automobile assembly plant while the vehicle is still being assembled on the assembly line. The newly assembled motor vehicles being fueled on the assembly line have fuel tanks that have never before contained gasoline fuel.

(F) MO/PETP—The *Missouri Performance Evaluation Test Procedures*, a set of test procedures for evaluating performance of Stage I/II vapor control equipment and systems to be installed or that have been installed in Missouri. Contact the department for a copy of the current MO/PETP.

(G) Staff director—Director of the Air Pollution Control Program of the Department of Natural Resources, or a designated representative.

(H) System—Manufacturer's application of one of the specific designs for Stage II vapor recovery.

(I) Vapor recovery system modification—Any repair, replacement, alteration or upgrading of Stage I or Stage II vapor recovery equipment or gasoline dispensing equipment equipped with Stage II vapor recovery beyond normal maintenance of the system as permitted by the staff director. Replacement of equipment with like equipment shall not be considered a vapor recovery system modification.

(J) Definitions of certain terms specified in this rule, other than those defined in this rule section, may be found in 10 CSR 10-6.020.

(3) General Provisions.

(C) Gasoline Transfer.

1. No owner or operator of a gasoline storage tank or delivery vessel shall cause or permit the transfer of gasoline from a delivery vessel into a gasoline storage tank with a capacity greater than five hundred (500) gallons unless—

A. The storage tank is equipped with a submerged fill pipe extending unrestricted to within six inches (6") of the bottom of the tank, and not touching the bottom of the tank, or the storage tank is equipped with a system that allows a bottom fill condition;

B. All storage tank caps and fittings are vapor-tight when gasoline transfer is not taking place; and

C. Each storage tank is vented via a conduit that is—

(I) At least two inches (2") inside diameter; and

(II) At least twelve feet (12') in height above grade; and

(III) Equipped with a pressure/vacuum valve that is CARB certified and MO/PETP approved at three inches water column pressure/eight inches water column vacuum (3"wcp/8"wcv) except when the owner or operator provides documentation that the system is CARB certified or MO/PETP approved for a different valve and will not function properly with a 3"wcp/8"wcv valve. Initial fueling of motor vehicle systems and ancillary refueling systems previous MO/PETP approval applies for pressure/vacuum valves.

2. Stationary storage tanks having a volume greater than one thousand (1,000) gallons and less than forty thousand (40,000) gallons shall also be equipped with a Stage I vapor recovery system that has a collection efficiency of ninety-eight percent (98%) that is based on MO/PETP, and the delivery vessels to these tanks shall be in compliance with subsection (3)(D) of this rule.

A. The vapor recovery system shall collect no less than ninety-eight percent (98%) by volume of the vapors displaced from the stationary storage tank during gasoline transfer and shall return the vapors via a vapor-tight return line to the delivery vessel. All fill ports and vapor ports shall have MO/PETP approved poppeted fittings.

B. A delivery vessel shall be reloaded only at installations complying with the provisions of subsection (3)(B) of this rule.

C. This subsection shall not be construed to prohibit safety valves or other devices required by governmental regulations.

3. No owner or operator of a gasoline delivery vessel shall cause or permit the transfer of gasoline from a delivery vessel into a storage tank with a capacity greater than one thousand (1,000) gallons and less than forty thousand (40,000) gallons unless—

A. The owner or operator employs one (1) vapor line per product line during the transfer. The staff director may approve other delivery systems upon submittal to the department of test data demonstrating compliance with subparagraph (3)(C)2.A. of this rule;

B. The vapor hose(s) employed is no less than three inches (3") inside diameter; and

C. The product hose(s) employed is no more than four inches (4") inside diameter.

4. Reporting and record keeping shall be per subsection (4)(C) of this rule.

(D) Gasoline Delivery Vessels.

1. No owner or operator of a gasoline delivery vessel shall operate or use a gasoline delivery vessel which is loaded or unloaded at an installation subject to subsection (3)(B) or (3)(C) of this rule unless—

A. The delivery vessel is tested annually to demonstrate compliance with the test method specified in 40 CFR part 63, subpart R, section 63.425(e);

B. The owner or operator obtains the completed test results signed by a representative of the testing installation upon successful completion of the leak test. Blank test certification application forms for the test results will be provided to the testing installations by the department. After the effective date of this rule, any revision to the department supplied forms will be presented to the regulated community for a forty-five (45)-day comment period. The owner or operator shall send a copy of the signed successful test results to the staff

director. The staff director, upon receipt of acceptable test results, shall issue an official sticker to the owner or operator;

C. The Missouri sticker is placed on the upper left portion of the back end of the vessel;

D. The delivery vessel is repaired by the owner or operator and retested within fifteen (15) business days of testing if it does not meet the leak test criteria of subparagraph (3)(D)1.A. of this rule; and

E. A copy of the vessel's current Tank Truck Tightness Test results are kept with the delivery vessel at all times and made immediately available to the staff director upon request.

2. An owner or operator of a gasoline delivery vessel who can demonstrate to the satisfaction of the staff director that the vessel has passed a current annual leak test in another state shall be deemed to have satisfied the requirements of subparagraph (3)(D)1.A. of this rule, if the other state's leak test program requires the same gauge pressure and test procedures as specified in subparagraph (3)(D)1.A. of this rule. The owner or operator shall apply for a Missouri sticker and display the Missouri sticker on the upper left portion of the back end of the delivery vessel.

3. Reporting and record keeping shall be per subsection (4)(D) of this rule.

4. This subsection shall not be construed to prohibit safety valves or other devices required by governmental safety regulations.

(E) Fueling of Motor Vehicles.

1. Except as provided in subsections (3)(A)–(C) of this rule, no owner or operator shall install, permit the use of or maintain any stationary gasoline tank with a capacity of more than one thousand (1,000) gallons or operate an installation with a monthly throughput of greater than ten thousand (10,000) gallons of gasoline through tanks in the one thousand (1,000) gallon or smaller class unless the storage tank(s) is equipped with a vapor recovery system. The system shall be approved by the staff director based on the MO/PETP and shall be capable of—

A. Collecting the hydrocarbon vapors and gases discharged during motor vehicle fueling;

B. Preventing their emission into the atmosphere; and

C. Maintaining ninety-five percent (95%) efficiency of total capture and emission reduction.

2. After January 1, 1999, no installation subject to this section shall employ remote vapor check valves.

3. After January 1, 1999, no construction permit for modification or replacement of any equipment or component, including a like for like replacement, shall be approved unless the equipment or component is MO/PETP approved. After January 1, 1999, if a construction permit is not required, no installation utilizing an approved system shall modify or replace any equipment or component, including a like for like replacement, unless the equipment or component is MO/PETP approved. In the event that the staff director finds a violation of this provision, the staff director may require replacement of components or equipment with MO/PETP approved components or equipment.

4. For the purpose of subsection (3)(E) of this rule, no vapor recovery systems or devices shall be installed, used or maintained until they are permitted by the director in accordance with subsections (3)(H) and (I) of this rule.

5. All tank gauging and sampling sites or ports, valves, break-aways, joints and disconnects on the vapor recovery systems shall be gas-tight to prevent VOC emissions except during gauging or sampling.

6. All vapor recovery systems shall be maintained in good working order in accordance with the manufacturer's specifications and with no indication of visible liquid leaks.

7. The operator of each affected installation shall post operation instructions conspicuously in the gasoline dispensing area for the system in use at each station. The instructions shall clearly describe how to fuel vehicles correctly with vapor recovery nozzles utilized at that station. The instructions shall also include a warning that repeated

attempts to continue dispensing gasoline after the system has indicated that the vehicle fuel tank is full may result in spillage of gasoline.

8. The operator of each affected installation shall ensure dispensing gasoline meets the requirements of 40 CFR 80.22(j) promulgated June 26, 1996 and hereby incorporated by reference in this rule, as published by the Office of Federal Register, U.S. National Archives and Records, 700 Pennsylvania Avenue NW, Washington, D.C. 20408. This rule does not incorporate any subsequent amendments or additions.

9. The staff director shall identify and list specific defects that substantially impair the effectiveness of components or systems used for the control of gasoline vapors resulting from motor vehicle fueling operations. This ongoing list shall be used by the staff director as a basis for marking the components or systems out-of-order and shall be made available to any gasoline dispensing installations subject to paragraph (3)(E)1. of this rule. The list shall be made available to the installation's designated person for use in performing system maintenance.

10. Upon the staff director's identification of substantial defects in equipment or installation of a gasoline vapor control system, the system or components shall be marked "out-of-order" and no person shall use or permit the use of that system or component until those defects and all other defects have been repaired, replaced or adjusted to establish compliance. The components or system may be released into operation when the staff director has reinspected the installation; found the system and components to be in good working order; and removed the "out-of-order" notice. The staff director shall reinspect the previously marked "out-of-order" system or component and other noted defects as expeditiously as possible after notification from the operator that the repairs have been completed. In no case shall the reinspection be more than four (4) business days from the operator's notification that the repairs have been completed. In those cases in which the reinspection cannot be scheduled within the required time, the owner or operator may remove the "out-of-order" notice with permission of the staff director. If reinspection reveals that compliance has not been established, the system or components shall remain tagged "out-of-order." The staff director shall conduct a second reinspection within seven (7) business days from the operator's notification that repairs have been completed.

(F) Initial Fueling of Motor Vehicles.

1. Initial fueling systems and ancillary refueling systems.

A. Subsection (3)(F) of this rule shall only apply to the fueling systems used for the initial fueling of motor vehicles as defined in subsection (2)(E) of this rule and the ancillary refueling systems used to fuel in-use motor vehicles defined in subsection (2)(A) of this rule. These initial fueling systems and ancillary refueling systems are not subject to the MO/PETP testing requirements. All other MO/PETP provisions apply.

B. The initial fueling systems and ancillary refueling systems storage tank systems are subject to the gasoline storage tank transfer requirements in subsection (3)(C) of this rule except for the MO/PETP testing requirements. All other MO/PETP provisions in subsection (3)(C) of this rule apply.

2. Owner or operator requirements.

A. No owner or operator shall install, permit the use of, or maintain any stationary gasoline tank for the purpose of initial fueling of new motor vehicle gasoline tanks unless the new motor vehicle is equipped with a U.S. Environmental Protection Agency (EPA) certified Onboard Refueling Vapor Recovery (ORVR) system or the gasoline dispensing system is equipped with a vapor recovery system, (e.g., Stage II), capable of a minimum ninety-five percent (95%) control efficiency.

B. No owner or operator shall install, permit the use of, or maintain any stationary gasoline tank for the purpose of ancillary fueling of motor vehicles unless the motor vehicle is equipped with an EPA certified ORVR system or the gasoline dispensing system is equipped with a vapor recovery system, (e.g., Stage II), capable of a minimum ninety-five percent (95%) control efficiency.

C. Demonstration of emission capture efficiency of the gasoline dispensing vapor recovery system shall be required and made available to the staff director upon request. The dispensing system, (e.g., Stage II), shall be approved by the staff director if the system—

(I) Collects the hydrocarbon vapors and gases discharged during initial motor vehicle fueling;

(II) Prevents their emission into the atmosphere; and

(III) Demonstrates a minimum of ninety-five percent (95%) control efficiency for emission reduction of the fueling and dispensing operation emissions. Testing methods shall be in accordance with EPA reference test methods (or alternative test methods as approved by the staff director) for incineration destruction efficiency.

D. Initial fueling systems and ancillary refueling systems are subject to the gasoline transfer tank requirements in subsection (3)(C) of this rule except for the MO/PETP testing.

E. The owner or operator of an initial fueling system and ancillary refueling system shall—

(I) Maintain the vapor control system in good working order in accordance with the manufacturer's specifications and with no indication of visible liquid leaks or detectable vapor emissions;

(II) Conduct regular preventive maintenance self-inspections of the vapor control system and conduct any necessary repairs upon identification of those defects. The installation must conduct all maintenance specified by manufacturer guidelines. These manufacturers guidelines must be made available to department and local agency inspectors upon request;

(III) Ensure all fueling procedures are conducted in the most efficient manner to reduce emissions from drips; and

(IV) Ensure the sealing of the filled vehicle's tank after fueling.

F. Reporting and record keeping shall be per subsection (4)(E) of this rule.

(G) Permits Required.

1. All installations subject to paragraph (3)(E)1. of this rule, except installations subject to subsection (3)(F) of this rule, shall meet the following permitting requirements:

A. No installation shall construct or undergo vapor recovery system modification without permits obtained according to subsection (3)(H) of this rule; and

B. No installation shall operate without an operating permit obtained according to subsection (3)(I) of this rule.

2. All installations subject to subsection (3)(F) of this rule shall meet the following permitting requirements:

A. The installation must apply for a Stage II construction permit for all modifications or construction of initial fueling systems or ancillary refueling systems. All performance testing in subsections (3)(H) and (3)(I) of this rule shall be conducted to ensure system integrity; and

B. All operating permitting requirements of subsection (3)(I) of this rule, except paragraph (3)(I)2. of this rule, are applicable to any initial fueling systems or ancillary refueling systems. Except for the initial Stage II Operating Permit, Stage II Operating Permits shall be incorporated as part of the installation applicable requirements of Part 70 Operating Permits according to 10 CSR 10-6.065.

(H) Construction Permits for Vapor Recovery Systems for New Installations and Vapor Recovery System Modification for Existing Installations. No new gasoline dispensing installation that requires a Stage II vapor recovery system shall begin construction prior to obtaining a construction permit according to paragraph (3)(H)1. of this rule. Installations shall apply for permits to test experimental technology according to paragraph (3)(H)2. of this rule. Existing installations that undergo vapor recovery system modification shall obtain permits according to paragraph (3)(H)3. of this rule. Owners, operators and contractors beginning construction without first obtaining a construction permit are subject to enforcement action.

1. Owners or operators of new gasoline dispensing installations that require Stage II equipment shall—

A. Submit an application on a form supplied by the department for a permit to construct at least sixty (60) days prior to beginning construction. The application shall include:

(I) Complete diagrams and a thorough description of the planned installation;

(II) Plumbing diagrams including vapor lines, vent lines, slope of return vapor lines, material of all underground, above ground and dispenser plumbing, grade of site in relation to tanks, plumbing, and dispensers;

(III) Current CARB executive orders for the proposed system and/or the system components. After January 1, 1998, no installation shall be issued a construction permit unless the system that will be installed has been demonstrated to achieve ninety-five percent (95%) efficiency according to paragraph (3)(E)1. of this rule. After January 1, 1999, no installation shall be issued a construction permit unless the equipment and components of the approved system that will be installed have been MO/PETP tested and approved;

(IV) At the option of the owner/operator, full port ball valves may be installed just below the riser of the vapor chamber. The ball valves shall be sealed fully open at all times except during testing. The ball valve shall be tested in line during the dynamic back pressure blockage test;

(V) Detailed description of the storage tank(s). The storage tank(s) shall be—

(a) Type I tank(s). A Type I tank is an underground storage tank that shall be covered with not less than six inches (6") of soil and/or concrete; or

(b) Type II tank(s). A Type II tank is one that has any portion of the shell exposed to the atmosphere. A Type II tank shall be equipped with a vapor processor; and

(VI) Schedule of construction;

B. Obtain a construction permit prior to beginning construction. The director shall issue a construction permit or a permit rejection within thirty (30) days of receipt of the application. When an appeal is made following rejection of the application to construct, that appeal shall be filed within thirty (30) days of the notice of rejection;

C. Display the construction permit in a prominent location during construction;

D. Notify the department seven (7) calendar days prior to the anticipated completion date of underground piping and schedule a mutually acceptable inspection date. In the event that no mutually acceptable date is available, the staff director shall schedule the inspection date. The underground piping shall not be covered without visual inspection by the staff director. If defects are found, the staff director shall provide written notice of those defects;

E. Establish compliance with all rules and requirements of the department including those in Title 10 of the *Code of State Regulations*;

F. Document for the staff director that prior to the introduction of product, the tank and piping system were subjected to a construction pressurization test of not more than five pounds per square inch (5 psi) and not less than four and five-tenths pounds per square inch (4.5 psi) and maintained this pressure for not less than thirty (30) minutes;

G. Obtain staff director approval of final test methods and procedures that will be used to prove compliance;

H. Within thirty (30) days of completion of construction, conduct and pass final leak tests and dynamic back pressure/liquid blockage tests to show compliance with department requirements. The staff director may observe the test; and

I. Obtain and maintain on-site in a prominent location the current operating permit from the director for the site and the specific vapor recovery system that was installed. The operating permit is renewable every five (5) years and shall be maintained according to subsection (3)(I) of this rule.

2. The director may approve experimental technology for a specific gasoline dispensing installation. Experimental technology may

be approved for up to one (1) year for a limited number of stations under specific conditions determined by the staff director. Installations applying for approval of experimental technology shall—

A. Submit an application for director approval at least ninety (90) days prior to beginning construction. The application shall include, but not be limited to:

(I) Complete diagrams and a thorough description of the planned installation;

(II) Plumbing diagrams including vapor lines, vent lines, slope of return vapor lines, material of all underground, above ground and dispenser plumbing, grade of site in relation to tanks, plumbing, and dispensers; and

(III) Standards, test data, history, and related information for the proposed system;

B. Submit to the staff director a detailed plan for the construction and operation of the system. The plan shall include a description of the planned testing and record keeping for the installation. The director may issue the construction permit when all conditions of the testing installation are deemed satisfactory;

C. Display the construction permit in a prominent location during construction;

D. Install monitoring equipment to prove that the vapor recovery system is leak-tight if requested by the staff director; and

E. Upon completion of testing, obtain and maintain on-site in a prominent location a current operating permit from the director for the specific innovative technology that is in operation. The permit shall specify the technology, the location and the time period the technology will be tested.

3. Existing installations that are subject to subsection (3)(E) or (3)(F) of this rule and undergo vapor recovery system modification shall—

A. Submit an application on a form supplied by the department for a permit to construct prior to beginning modifications. After the effective date of this rule, any revision to the department supplied forms will be presented to the regulated community for a forty-five (45)-day comment period. Applications for construction permits shall be submitted for projects that include, but are not limited to:

(I) Modifications that require breaking concrete in an area that may affect the vapor lines; and

(II) Modifications that may affect the vapor lines themselves;

B. Supply any information required by the staff director for the specific installation. Such information may include, but not be limited to, plumbing diagrams, including vapor lines, vent lines, slope of vapor lines, material of all underground, above ground and dispenser plumbing, grade of site in relation to tanks, plumbing and dispensers, current CARB executive orders for the proposed system and equipment, and proof of compliance with all rules and requirements of the department including those in Title 10 of the *Code of State Regulations*;

C. Obtain a construction permit prior to beginning the modification. Continued operation during the construction requires department approval. The director shall issue a construction permit or a permit rejection within thirty (30) days of receipt of the application. When an appeal is made following rejection of the application, that appeal shall be filed within thirty (30) days of the notice of rejection;

D. Display the construction permit in a prominent location during construction;

E. Establish a schedule for inspection and testing as required by the staff director and notify the department seven (7) calendar days prior to the anticipated completion date of underground piping and schedule a mutually acceptable inspection date. In the event that no mutually acceptable date is available, the staff director shall schedule the inspection date. The underground piping shall not be covered without visual inspection by the staff director. If defects are found, the staff director shall provide written notice of those defects;

F. Supply test results to the staff director;

G. Receive staff director approval of final test methods and procedures that will be used to prove compliance;

H. Within thirty (30) days of completion of construction, conduct and pass final leak tests and dynamic back pressure/liquid blockage tests to show compliance with department requirements. The staff director may observe the tests; and

I. Upon completion of testing, obtain and display in a prominent location on-site the current operating permit from the director for the specific site and the specific vapor recovery system that was installed.

(I) The operating permit shall be maintained according to subsection (3)(I) of this rule, except paragraph (3)(I)2. of this rule shall not apply to initial fueling systems and ancillary refueling systems at automobile assembly installations.

(II) The operating permit is renewable every five (5) years, except for operating permits covering initial fueling systems and ancillary refueling systems at automobile assembly installations. Automobile assembly installations shall apply for an initial Stage II Operating Permit covering both their initial fueling systems and their ancillary refueling systems that will be current until their Part 70 Operating Permit is renewed.

(III) Except for the initial Stage II Operating Permit, the operating permit for automobile assembly installations that covers their initial fueling systems and their ancillary refueling systems shall be incorporated as part of the installation applicable requirements of 10 CSR 10-6.065 Operating Permits.

(I) Operating Permits for Existing Installations. All existing installations subject to subsection (3)(E) or (3)(F) of this rule must apply to the director for an operating permit.

1. Initial operating permits. The term of the initial permit shall be established by the staff director. In order to obtain an operating permit an existing installation shall—

A. Apply to the director for an operating permit within sixty (60) days of the date of the staff director's notice to apply and test within ninety (90) days of the notice. However, no installation subject to this requirement shall operate after January 1, 1999, without an operating permit;

B. Provide documentation that the Stage II system is certified by CARB as having a vapor recovery or removal efficiency of at least ninety-five percent (95%);

C. Conduct and pass a department-approved back pressure blockage test and a department-approved leak decay test. The owner/operator of the installation shall schedule the tests and notify the staff director of the test dates at least seven (7) days prior to the testing date. The staff director may observe the tests. The owner/operator of the installation shall provide satisfactory test results to the staff director;

D. Designate a person(s) who has attended a department-approved training course for the Stage II equipment that is installed at that installation. A designated person shall be available for consultation to installation personnel and to the department;

E. Demonstrate that the installation maintains a system of record keeping that meets the staff director's requirements; and

F. Establish compliance with all rules and requirements of the Missouri Department of Natural Resources including those in Title 10 of the *Code of State Regulations*.

2. Renewal of operating permits. The operating permit is renewable on the date specified in the initial operating permit and for periods of five (5) years after the initial permit term expires. In order to renew the operating permit an installation shall—

A. Apply to the director for renewal of the operating permit and test within ninety (90) days prior to the renewal date;

B. Demonstrate that the installation maintained all system components in good operating order during the preceding operating permit term including prompt efforts to establish compliance following "out-of-order" notices;

C. Schedule staff director-approved tests prior to the expiration date of the permit, notify the staff director of test dates at least fourteen (14) days prior to test dates and provide documentation that the system passed the tests;

D. Maintain records according to subsection (4)(F) of this rule;

E. An installation using a system that is decertified by CARB shall establish compliance with this rule within one (1) year or by the next renewal date of the operating permit whichever is longer. Failure to establish compliance will result in nonrenewal of the operating permit; and

F. After January 1, 2001, no operating permit shall be renewed without documentation that the Stage II system in use at the installation can be demonstrated to achieve ninety-five percent (95%) efficiency as specified in paragraph (3)(E)1. of this rule. Replacement of equipment and/or components in place as part of an approved system on January 1, 1999, shall not be required as long as the equipment and/or components pass operating permit tests.

(4) Reporting and Record Keeping.

(A) Owners and operators of petroleum storage tanks subject to subsection (3)(A) of this rule shall maintain written records of maintenance (both routine and unscheduled) performed on the tanks, all repairs made, the results of all tests performed and the type and quantity of petroleum liquid stored in them. Records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request.

(B) Owners or operators of loading installations subject to gasoline loading subsection (3)(B) of this rule shall keep complete records documenting the number of delivery vessels loaded and their owners. Records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request.

(C) The owner or operator of stationary storage tanks subject to gasoline transfer subsection (3)(C) of this rule shall keep records documenting the vessel owners and number of delivery vessels unloaded by each owner. Records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request. The owner or operator shall retain on-site copies of the loading ticket, manifest or delivery receipt for each grade of product received, subject to examination by the staff director upon request. If a delivery receipt is retained rather than a manifest or loading ticket, the delivery ticket shall bear the following information: vendor name, date of delivery, quantity of each grade, and the manifest or loading ticket number. The required retention on-site of the loading ticket, manifest or delivery receipt shall be limited to the four (4) most recent records for each grade of product.

(D) Owners or operators of gasoline delivery vessels subject to subsection (3)(D) of this rule shall keep records of all tests and maintenance performed on the vessels. Records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request. Also a copy of the vessel's current Tank Truck Tightness Test results shall be kept with the delivery vessel at all times and made immediately available to the staff director upon request.

(E) Initial fueling and ancillary fueling of motor vehicles subject to subsection (3)(F) of this rule shall keep records on-site of all self-tests, self-inspections, defects found, repairs, and maintenance activities. Records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request.

(F) Owner/Operator Compliance. The owner or operator of a vapor recovery system subject to subsection (3)(J) of this rule shall maintain records of department permits, inspection reports, enforcement documents, training certifications, gasoline deliveries, routine and unscheduled maintenance and repairs and all results of tests conducted. Unless otherwise specified in this rule, records shall be kept for two (2) years and made available to the staff director within five (5) business days of a request.

(5) Test Methods.

(C) Fueling of Motor Vehicles. The staff director, at any time, may monitor an installation subject to subsection (3)(E) of this rule. The staff director may require a leak test, a back pressure blockage test, an air-to-liquid test, a pressure/vacuum valve test or may require any test or monitoring procedure in order to determine compliance with this rule.

(F) Installations containing initial fueling systems and ancillary refueling systems shall allow the department to make vapor recovery inspections at any time to ensure systems are in working order and are being maintained and operated according to permits and regulations, and manufacturer recommendations—

1. The department and local agency Stage II inspectors shall be allowed access in a timely manner. Department and local agency Stage II inspectors shall make every attempt to avoid disrupting assembly line production. This may be done by allowing initial fueling site personnel to make repairs on the spot, or within a reasonable time frame. However, this consideration will not affect recording of defects or enforcement action; and

2. After repairs are made and notification by the plant is received, the department or local agency shall reinspect all defects found in official Stage II inspections. Failure by an installation to notify the department of repairs and request reinspection within fifteen (15) days of repair may result in enforcement action.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 80—Solid Waste Management
Chapter 8—Scrap Tires

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000 and 260.270, RSMo Supp. 2006, the department amends a rule as follows:

10 CSR 80-8.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 224–225). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

The following four (4) written comments were received during the public comment period:

COMMENT #1: A comment was received to add scrap after “(500)” and change “on any given day” to “at any time” in (1)(A).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes subsection (1)(A) for clarity and consistency.

COMMENT #2: A comment was received to insert “at any time” at the end of the sentence in (3)(A)1. and delete “other” from (3)(A)6.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes paragraphs (3)(A)1. and (3)(A)6. for consistency and correct grammar.

COMMENT #3: A comment was received to delete “be in” and change “compliance” to “comply” in subsection (4)(A) and to add “to water” after impermeable in paragraph (4)(C)1. and remove the last sentence.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes subsection (4)(A) and (4)(C)1. to limit the scope to tires.

COMMENT #4: A comment was received to change in the last sentence “Collection center” to “Scrap tire collection centers” in section (5).

RESPONSE AND EXPLANATION TO CHANGE: As a result of this comment, the department changes section (5) for consistency.

10 CSR 80-8.020 Scrap Tire Collection Centers

(1) Definitions. Definitions for key words used in this rule may be found in section 260.200, RSMo. Additional definitions specific to this rule are as follows:

(A) A scrap tire collection center is a site where scrap tires are collected prior to being offered for recycling or processing and where fewer than five hundred (500) scrap tires are kept on-site at any time.

(3) Applicability.

(A) Exemptions. The following are not regulated as scrap tire collection centers provided that pollution, a public nuisance or a health hazard is not created and provided the tires are stored according to the requirements of section (4) of this rule:

1. A person collecting or storing less than twenty-five (25) scrap tires at any time;

2. Warranty tires or new defective tires stored by tire retailers and wholesalers prior to transit to the wholesaler or manufacturer for adjustment credit or return;

3. Tires that are to be reused without further processing as vehicle tires (reused for the original intended purpose) that are separated from scrap tires within thirty (30) days of receipt at a scrap tire collection center, provided these tires are stored in compliance with the requirements of section (4) of this rule and are not stored outside for more than one (1) year;

4. Any new-tire retailer or new-tire wholesaler may hold more than five hundred (500) scrap tires for a period not to exceed thirty (30) days if such tires are stored according to requirements in section (4) of this rule;

5. Any person licensed as an auto dismantler and salvage dealer under Chapter 301, RSMo may, without further license, permit or payment of fee, store but shall not burn or bury on his/her property, up to five hundred (500) scrap tires that have been cut, chipped or shredded, if such tires are only from vehicles acquired by him/her, and such tires are stored in accordance with section (4) of this rule. Auto dismantlers and salvage dealers must arrange for the proper disposal of the scrap tires to take place within thirty (30) days. Appropriate documentation of the disposal arrangements shall be made available to the department upon request. In no case shall more than five hundred (500) scrap tires be stored for more than thirty (30) days unless the auto dismantler and salvage dealer is permitted as a scrap tire processor;

6. Retreadable tire casings held in inventory by tire retreaders for retreading that are stored separately from scrap tires, provided these tires are stored in compliance with section (4) of this rule and provided they are not stored outside for more than one (1) year; or

7. Tires stored in conjunction with a department-approved or nonprofit cleanup if the scrap tires are stored for a period not to exceed thirty (30) days are exempt from this rule.

(4) Storage Requirements.

(A) Fire Protection. A scrap tire collection center shall comply with the fire protection requirements of this subsection.

1. The owner or operator of a scrap tire collection center shall provide written evidence from the local fire protection agency that indoor or outdoor storage of whole or processed scrap tires complies with the currently applicable local or state fire protection standards, or the scrap tire collection center must comply with the 2006

International Fire Code, published by the International Code Council, Inc., 4051 W. Flossmoor Road, Country Club Hills, IL, 60478-5795, copyright 2006, which by this reference is incorporated into this rule. This rule does not incorporate any subsequent amendments or additions.

(C) Vector Control. Conditions shall be maintained that are unfavorable for the harboring, feeding and breeding of vectors. If the method being used to control vectors is not effective, the owner/operator of the scrap tire collection center shall use an alternate method to correct the vector problem. The owner/operator of a scrap tire collection center storing tires shall use one (1) or more of the following methods of vector control:

1. Drain tires of water and keep them dry within a building, enclosed trailer or under a cover that is impermeable to water;

2. Alter tires so they do not retain water;

3. Treat the tires with a larvicide and/or adulticide appropriate to prevent the development of mosquito larvae and pupae and repeat treatment as often as necessary to prevent this development, taking into account the effectiveness and life of the larvicide and/or adulticide utilized;

A. Larvicides and/or adulticides shall be applied in accordance with their labels, Chapter 281, RSMo and its implementing regulations.

B. The dimensions of the tire pile and the method of stacking the tires must allow for application of the larvicide and/or adulticide to all tires; and

4. Alternate methods of vector control must be approved by the department.

(5) Record Keeping Requirements. The owner/operator of a scrap tire collection center shall maintain records, on forms provided by the department, as required by this rule. All records required by this rule shall be kept for at least three (3) years. The period of record retention extends upon the written request of the department or automatically during the course of any unresolved enforcement action regarding the regulated activity. The records shall be made available for inspection by the department or its designated representative upon request. Scrap tire collection centers shall also maintain records of vector control activities.

Title 10—DEPARTMENT OF NATURAL RESOURCES

Division 80—Solid Waste Management

Chapter 8—Scrap Tires

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000, 260.270 and 260.278, RSMo Supp. 2006, the department amends a rule as follows:

10 CSR 80-8.030 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 226–227). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

The following written comment was received during the public comment period:

COMMENT: A comment was received to delete “They” add “The reports” in paragraph (3)(A)2. and insert “scrap tire” between “permitted” and “hauler” in subsection (3)(D).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes paragraph (3)(A)2. and subsection (3)(D) for consistency and to correct grammar.

10 CSR 80-8.030 Scrap Tire Hauler Permits

(3) Operating Requirements.

(A) Record Keeping.

1. During periods when a vehicle contains scrap tires, a scrap tire hauler shall maintain the current permit inside the vehicle.

2. Record keeping requirements. A scrap tire hauler shall maintain tracking and summary reports as required by the Department of Natural Resources on forms provided by the Department of Natural Resources or on similar forms or in a similar format that has been preapproved by the Department of Natural Resources. The tracking report(s) shall be filled out for each load delivered to an approved destination and shall include all applicable collection and receiver data. The reports shall be submitted to the Department of Natural Resources, Solid Waste Management Program, PO Box 176, Jefferson City, MO 65102 by the fifteenth of each month after the date the tires were delivered to their destination.

3. All records required by this rule shall be kept for at least three (3) years. The period of record retention extends upon the written request of the Department of Natural Resources or automatically during the course of any unresolved enforcement action regarding the regulated activity. The records shall be made available for inspection by the Department of Natural Resources or its designated representative upon request.

(D) Any person permitted as a scrap tire hauler shall notify the Missouri Department of Natural Resources, Scrap Tire Unit and Missouri Department of Transportation, Motor Carrier Service within thirty (30) days of any change of address, phone number, type and number of vehicles, or destination of tires hauled. Registered or certified mail sent to a permitted scrap tire hauler with proper postage and last known address that is returned unclaimed shall be considered adequate notification of notice served. Refusal to accept mail is a violation of these regulations.

Title 10—DEPARTMENT OF NATURAL RESOURCES

Division 80—Solid Waste Management

Chapter 8—Scrap Tires

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225 and 260.270, RSMo Supp. 2006, the department rescinds a rule as follows:

10 CSR 80-8.040 Waste Tire Site Permits is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on February 1, 2007 (32 MoReg 227–228). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed rescission was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed rescission and no comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 80—Solid Waste Management
Chapter 8—Scrap Tires**

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000 and 260.270, RSMo Supp. 2006, the department amends a rule as follows:

10 CSR 80-8.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 228–237). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

The following written comment was received during the public comment period:

COMMENT: A comment was received to remove “Processing facilities in existence on the effective date of this rule shall make application within thirty (30) days of the effective date of this rule and shall be allowed to continue to operate during the permit review process provided that the facility does not cause a public nuisance, a health hazard or pollution and provided that the application is submitted on time and complete.” from subsection (4)(A) and add “Scrap tire processing facilities, as defined in Section 260.200(38) RSMo and this rule, are not authorized to operate unless permitted by the department.” To insert “Missouri” before “Department” in paragraph (4)(B)9.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes subsection (4)(A) for clarity and paragraph (4)(B)9. because it was a grandfather provision and is no longer applicable.

10 CSR 80-8.050 Scrap Tire Processing Facility Permits

(4) Scrap Tire Processing Facility Permit Application.

(A) A person desiring to establish, maintain or operate a scrap tire processing facility shall make application to the department in triplicate on forms provided by the department. Scrap tire processing facilities, as defined in Section 260.200(38), RSMo and this rule, are not authorized to operate unless permitted by the department.

(B) An application for a scrap tire processing facility permit shall be sent by certified mail to the Missouri Department of Natural Resources, Solid Waste Management Program, PO Box 176, Jefferson City, MO 65102-0176. The application shall consist of:

1. A completed Scrap Tire Processing Facility Permit Application form which will be provided by the department;
2. Detailed site plans and operational plans containing the information necessary to comply with the storage and record keeping requirements of this rule. Plans shall include:

A. An estimate of the inventory of scrap tires that can be processed or used in six (6) months of normal and continuous operation. This estimate shall be based on the volume of tires processed or used by the facility in the last year, or the manufacturer’s estimated capacity of the processing equipment. This estimate may be increased when new equipment is obtained by the owner of the facility and may be reduced if equipment used previously is removed from active use. Active use will be determined on a case-by-case basis and will be based on the provisions of the permit;

B. Topographic and boundary surveys prepared by a registered land surveyor showing contour intervals of ten feet (10') or less. This survey shall have a scale of not less than one inch equals four hundred feet (1"=400'). All existing and proposed storage areas and structures shall be shown on the survey;

C. A map showing the land use and zoning within five hundred feet (500') of the property boundaries, including the location of all residences, buildings, utilities and easements. This map shall have a scale of not less than one inch equals four hundred feet (1"= 400'); and

D. Detailed plans containing the information necessary to comply with the closure requirements and financial assurance instrument requirements of this rule;

3. A contingency plan designed to minimize the hazards to human health and the environment from fires, runoff of contaminants resulting from fires and from mosquitoes in case of failure of the primary method of vector control. The contingency plan shall include, but not be limited to, the following items, as applicable:

A. The actions site personnel must take in response to fires, runoff resulting from fires and mosquito breeding in scrap tires;

B. An evacuation plan for site personnel, in case of fire; and

C. Evidence that the fire contingency plan has been provided to the local fire and police departments;

4. Plans for final disposition of the scrap tires;

5. Evidence of compliance with the department’s Clean Water Law, Chapter 644, RSMo and implementing regulations;

6. Evidence of compliance with local zoning requirements;

7. Evidence of property ownership;

8. Explicit written authorization from the property owner, if different from the applicant, for land use for scrap tire storing and processing operations; and

9. Nonreturnable processing facility permit fee of two hundred dollars (\$200). The fee shall be paid by certified check or money order made payable to the Missouri Department of Natural Resources.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 80—Solid Waste Management
Chapter 8—Scrap Tires**

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000, 260.273 and 260.276, RSMo Supp. 2006, the department amends a rule as follows:

**10 CSR 80-8.060 Scrap Tire End-User Facility Registrations
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 238–240). No changes have been made to the text of the proposed amendment, therefore it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 80—Solid Waste Management
Chapter 9—Solid Waste Management Fund**

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000 and 260.273 and 260.276, RSMo Supp. 2006, the department amends a rule as follows:

10 CSR 80-9.030 Scrap Tire Grants is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 241). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 80—Solid Waste Management
Chapter 9—Solid Waste Management Fund**

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.225, RSMo 2000 and 260.273 and 260.276, RSMo Supp. 2006, the department amends a rule as follows:

10 CSR 80-9.035 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 1, 2007 (32 MoReg 242-244). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held March 6, 2007, and the public comment period ended April 6, 2007. At the public hearing, the Solid Waste Management Program staff explained the proposed amendment and no comments were received.

The following two (2) written comments were received during the public comment period.

COMMENT: A comment was received that in paragraph (2)(A)5. "waste" needed to be changed to "scrap."

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department changes paragraph (2)(A)5. for consistency.

COMMENT: On March 29, 2007, one comment was received from a Solid Waste Management District (SWMD) regarding 10 CSR 80-9.035(4)(A) and (B). The comment recommended that the word nongovernmental be struck from 10 CSR 80-9.035(4)(A) and (B) or that SWMDs be specifically included in the eligible parties to be reimbursed when cleaning up scrap tires from either small illegal scrap tire sites or scrap tires found during cleanups of land and water resources.

RESPONSE AND EXPLANATION OF CHANGE: The agency made the requested change by removing the word "nongovernmental" due to this comment and also because the term may be beyond the scope of the statute. The statute specifically limits reimbursements to a "... charitable, fraternal, or other nonprofit organization"

10 CSR 80-9.035 Scrap Tire Clean-Up Contracts

(2) Eligibility. Any person, firm, corporation, state agency, charitable, fraternal, or other nonprofit organization may bid on a contract for each resource recovery or nuisance abatement activity.

(A) Vender Preference. In letting contracts for the performance of any job or service for the removal or clean up of scrap tires under this chapter, the Department of Natural Resources shall, in addition to the requirements of sections 34.073 and 34.076, RSMo, and any other points awarded during the evaluation process, give to any vendor that meets one (1) or more of the following factors a five percent (5%) preference and ten (10) bonus points for each factor met:

1. The bid is submitted by a vendor that has resided or maintained its headquarters or principal place of business in Missouri continuously for the two (2) years immediately preceding the date on which the bid is submitted;

2. The bid is submitted by a nonresident corporation vendor that has an affiliate or subsidiary that employs at least twenty (20) state residents and has maintained its headquarters or principal place of business in Missouri continuously for the two (2) years immediately preceding the date on which the bid is submitted;

3. The bid is submitted by a vendor that resides or maintains its headquarters or principal place of business in Missouri and, for the purposes of completing the bid project and continuously over the entire term of the project, an average of at least seventy-five percent (75%) of such vendor's employees are Missouri residents who have resided in the state continuously for at least two (2) years immediately preceding the date on which the bid is submitted. Such vendor must certify the residency requirements of this subdivision and submit a written claim for preference at the time the bid is submitted;

4. The bid is submitted by a nonresident vendor that has an affiliate or subsidiary that employs at least twenty (20) state residents and has maintained its headquarters or principal place of business in Missouri and, for the purposes of completing the bid project and continuously over the entire term of the project, an average of at least seventy-five percent (75%) of such vendor's employees are Missouri residents who have resided in the state continuously for at least two (2) years immediately preceding the date on which the bid is submitted. Such vendor must certify the residency requirements of this section and submit a written claim for preference at the time the bid is submitted;

5. The bid is submitted by any vendor that provides written certification that the end use of the tires collected during the project will be for fuel purposes or for the manufacture of a useable good or product. For the purposes of this section, the landfilling of scrap tires, scrap tire chips, or scrap tire shreds in any manner, including landfill cover, shall not permit the vendor a preference.

(4) Any charitable, fraternal, or other nonprofit organization that voluntarily cleans up land or water resources may be reimbursed for properly disposing of scrap tires collected in the course of such cleanup. Funds will be allocated each year for these types of activities. The amount of funds allocated will depend on funding availability and amount of appropriations.

(A) A portion of the funds allocated will be available to any charitable, fraternal, or other nonprofit organization that wishes to clean up small, illegal scrap tire sites in their area. These funds will be awarded under the following conditions:

1. On a first-come-first-served basis;

2. The organization(s) shall receive written approval from the department prior to conducting the cleanup. The organization(s) shall state where they will dispose of the tires and shall estimate the number of tires and the associated disposal costs for which the organization plans to seek reimbursement from the department; and

3. Reimbursement shall be for disposal costs only.

(B) Another portion of the funds allocated will be available for tires picked up as incidental wastes by nonprofit groups which voluntarily clean up land or water resources and collect scrap tires in the course of such cleanup. These funds will be awarded under the following conditions:

1. On a first-come-first-served basis;
2. The organization(s) shall receive written approval from the department prior to conducting the cleanup. The organization(s) shall state where they will dispose of the tires and shall estimate the number of tires and the associated disposal costs for which the organization plans to seek reimbursement from the department; and
3. Reimbursement shall be for disposal costs only.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program**

EXPEDITED APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the expedited applications listed below. A decision is tentatively scheduled for July 23, 2007. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name
City (County)
Cost, Description

06/08/07

#4060 HS: Cass Medical Center
Harrisonville (Cass County)
\$1,369,933, Replace magnetic resonance imaging scanner

06/11/07

#4083 RS: Alexian Brothers Sherbrooke Village
St. Louis (St. Louis County)
\$1,443,856, Renovate/modernize long-term care facility

#4080 NS: Mother of Good Counsel Home
St. Louis (St. Louis County)
\$11,954,400, Renovate/modernize long-term care facility

#4081 HS: Barnes-Jewish Hospital
St. Louis (St. Louis County)
\$2,800,000, Replace gamma knife

#4082 NS: South County
Senior Care Associates, LLC
Des Peres (St. Louis County)
\$16,239,352, Replace 216-Bed skilled nursing facility

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by July 11, 2007. All written requests and comments should be sent to:

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
Post Office Box 570
Jefferson City, MO 65102

For additional information contact
Donna Schuessler, (573) 751-6403.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2245—Real Estate Appraisers
Chapter 3—Applications for Certification and Licensure**

IN ADDITION

20 CSR 2245-3.005 Trainee Real Estate Appraiser Registration

A proposed amendment to 20 CSR 2245-3.005 was published in the *Missouri Register* on January 2, 2007 (32 MoReg 65-68) and a final order of rulemaking was published in the *Missouri Register* on June 1, 2007 (32 MoReg 928). A comment and response regarding the educational requirements contained in section (6) of the rule was published in the order of rulemaking. The response and explanation of change to this comment indicated that the educational requirements would be deleted from the rule. However when the rule was published in the June 30, 2007 update to the *Code of State Regulations*, section (6) failed to be deleted from the rule. This has been corrected and the rule with section (6) deleted appeared correctly in the July 31, 2007 update to the *Code of State Regulations*.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY

To: All creditors of and claimants against PEMBERTON & RAGAN CONSTRUCTION, L.L.C., a Missouri Limited Liability Company.

On April 11, 2007, PEMBERTON & RAGAN CONSTRUCTION, L.L.C., a Missouri Limited Liability Company, Charter Number **LC0002959**, filed its notice of winding up with the Missouri Secretary of State.

Said limited liability company requests that all persons and organizations who have claims against it present them immediately by letter to the company c/o Nancy E. Blackwell, CHINNERY EVANS & NAIL, P.C., 200 S.E. Douglas St., Suite 200, Lee's Summit, Missouri 64063.

All claims must include the following information:

1. Name and current address of the claimant.
2. The amount claimed.
3. The clear and concise statement of the facts supporting the claim.
4. The date the claim was incurred.

NOTICE: Because of the winding up of PEMBERTON & RAGAN CONSTRUCTION, L.L.C., any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of the two notices authorized by statute, whichever is published last.

NOTE: CLAIMS AGAINST PEMBERTON & RAGAN CONSTRUCTION, L.L.C., WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE YEARS AFTER THE PUBLICATION OF THIS NOTICE.

NOTICE OF WINDING UP
aem eventmanagement LLC

TAKE NOTICE that aem eventmanagement LLC, a Missouri Limited Liability Company was dissolved on June 13, 2007. All individuals with a claim against the limited liability company must deliver a written statement of the claim to Seigel & Wolff PC, 7911 Forsyth Blvd., Ste 300, Clayton MO 63105. All claims must include the full name and address of the claimant, the social security number or federal tax identification number of the claimant, the amount of the claim, the date(s) on which the claim accrued, the basis for the claim, all documents that prove the claim, and any account or other identifying number used in conjunction with the claim. All claims against the limited liability company and the individual organizers will be barred unless proceedings to enforce the claim are commenced within 3 years from the date of publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				30 MoReg 2435
1 CSR 10-8.010	Commissioner of Administration		32 MoReg 970		
1 CSR 15-3.350	Administrative Hearing Commission		32 MoReg 1025		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.040	Animal Health		32 MoReg 971		
2 CSR 30-10.010	Animal Health		32 MoReg 578	This Issue	
2 CSR 80-2.010	State Milk Board		32 MoReg 526	32 MoReg 994	
2 CSR 80-2.020	State Milk Board		32 MoReg 527	32 MoReg 994	
2 CSR 80-2.030	State Milk Board		32 MoReg 528	32 MoReg 994	
2 CSR 80-2.040	State Milk Board		32 MoReg 528	32 MoReg 994	
2 CSR 80-2.050	State Milk Board		32 MoReg 529	32 MoReg 994	
2 CSR 80-2.060	State Milk Board		32 MoReg 529	32 MoReg 995	
2 CSR 80-2.070	State Milk Board		32 MoReg 530	32 MoReg 995	
2 CSR 80-2.080	State Milk Board		32 MoReg 532	32 MoReg 995	
2 CSR 80-2.091	State Milk Board		32 MoReg 532	32 MoReg 995	
2 CSR 80-2.101	State Milk Board		32 MoReg 533	32 MoReg 995	
2 CSR 80-2.110	State Milk Board		32 MoReg 533	32 MoReg 995	
2 CSR 80-2.121	State Milk Board		32 MoReg 534	32 MoReg 996	
2 CSR 80-2.130	State Milk Board		32 MoReg 534	32 MoReg 996	
2 CSR 80-2.141	State Milk Board		32 MoReg 535	32 MoReg 996	
2 CSR 80-2.151	State Milk Board		32 MoReg 535	32 MoReg 996	
2 CSR 80-2.161	State Milk Board		32 MoReg 535	32 MoReg 996	
2 CSR 80-2.170	State Milk Board		32 MoReg 536	32 MoReg 996	
2 CSR 80-5.010	State Milk Board		32 MoReg 1093		
2 CSR 90-30.085	Weights and Measures		32 MoReg 1027		
2 CSR 110-3.010	Office of the Director		This Issue		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.130	Conservation Commission		32 MoReg 696	32 MoReg 1136	
3 CSR 10-5.422	Conservation Commission		N.A.	32 MoReg 1047	
3 CSR 10-6.410	Conservation Commission		N.A.	32 MoReg 911	
3 CSR 10-6.511	Conservation Commission		N.A.	32 MoReg 911R	
3 CSR 10-7.431	Conservation Commission		N.A.	32 MoReg 1047	
3 CSR 10-7.432	Conservation Commission		N.A.	32 MoReg 1048	
3 CSR 10-7.433	Conservation Commission		N.A.	32 MoReg 1048	
3 CSR 10-7.434	Conservation Commission		N.A.	32 MoReg 1048	
3 CSR 10-7.437	Conservation Commission		N.A.	32 MoReg 1049	
3 CSR 10-7.438	Conservation Commission		N.A.	32 MoReg 1049	
3 CSR 10-7.440	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.455	Conservation Commission		N.A.	32 MoReg 1049	32 MoReg 261
3 CSR 10-20.805	Conservation Commission		N.A.	32 MoReg 1050	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 240-23.020	Public Service Commission		32 MoReg 1096		
4 CSR 240-23.030	Public Service Commission		32 MoReg 1104		
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 50-500.010	Division of School Improvement		32 MoReg 412	32 MoReg 1051W	
5 CSR 60-100.050	Division of Career Education		31 MoReg 1644R		
			32 MoReg 629R	This IssueR	
5 CSR 70-742.140	Special Education		N.A.	32 MoReg 1052	
5 CSR 80-800.200	Teacher Quality and Urban Education		32 MoReg 759		
5 CSR 80-800.220	Teacher Quality and Urban Education		32 MoReg 759		
5 CSR 80-800.230	Teacher Quality and Urban Education		32 MoReg 760		
5 CSR 80-800.260	Teacher Quality and Urban Education		32 MoReg 760		
5 CSR 80-800.270	Teacher Quality and Urban Education		32 MoReg 761		
5 CSR 80-800.280	Teacher Quality and Urban Education		32 MoReg 761		
5 CSR 80-800.350	Teacher Quality and Urban Education		32 MoReg 761		
5 CSR 80-800.360	Teacher Quality and Urban Education		32 MoReg 762		
5 CSR 80-800.380	Teacher Quality and Urban Education		32 MoReg 762		
DEPARTMENT OF HIGHER EDUCATION					
6 CSR 10-2.020	Commissioner of Higher Education		32 MoReg 303	32 MoReg 911	

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6 CSR 10-2.080	Commissioner of Higher Education		32 MoReg 303	32 MoReg 912	
6 CSR 10-2.120	Commissioner of Higher Education		32 MoReg 304	32 MoReg 912	
DEPARTMENT OF TRANSPORTATION					
7 CSR 10-4.020	Missouri Highways and Transportation Commission		32 MoReg 629		
7 CSR 10-6.070	Missouri Highways and Transportation Commission		32 MoReg 536	32 MoReg 1136	
7 CSR 10-10.010	Missouri Highways and Transportation Commission		32 MoReg 133	32 MoReg 997	
7 CSR 10-10.030	Missouri Highways and Transportation Commission		32 MoReg 134	32 MoReg 997	
7 CSR 10-10.040	Missouri Highways and Transportation Commission		32 MoReg 135	32 MoReg 997	
7 CSR 10-10.050	Missouri Highways and Transportation Commission		32 MoReg 135	32 MoReg 997	
7 CSR 10-10.060	Missouri Highways and Transportation Commission		32 MoReg 136	32 MoReg 997	
7 CSR 10-10.070	Missouri Highways and Transportation Commission		32 MoReg 136	32 MoReg 998	
7 CSR 10-10.080	Missouri Highways and Transportation Commission		32 MoReg 138	32 MoReg 998	
7 CSR 10-10.090	Missouri Highways and Transportation Commission		32 MoReg 138	32 MoReg 998	
7 CSR 10-25.010	Missouri Highways and Transportation Commission				32 MoReg 934 32 MoReg 1059
7 CSR 10-25.030	Missouri Highways and Transportation Commission (Changed from 12 CSR 20-3.010)	32 MoReg 521	32 MoReg 541	32 MoReg 1136	
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 10-3.130	Division of Employment Security		32 MoReg 537	32 MoReg 1052	
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-2.070	Air Conservation Commission		32 MoReg 39	32 MoReg 912	
10 CSR 10-2.100	Air Conservation Commission		32 MoReg 1115R		
10 CSR 10-2.210	Air Conservation Commission		This Issue		
10 CSR 10-2.390	Air Conservation Commission		31 MoReg 1941	32 MoReg 912	
10 CSR 10-3.030	Air Conservation Commission		32 MoReg 1115R		
10 CSR 10-3.090	Air Conservation Commission		32 MoReg 39	32 MoReg 918	
10 CSR 10-4.070	Air Conservation Commission		32 MoReg 40	32 MoReg 918	
10 CSR 10-4.090	Air Conservation Commission		32 MoReg 1115R		
10 CSR 10-5.070	Air Conservation Commission		32 MoReg 1116R		
10 CSR 10-5.160	Air Conservation Commission		32 MoReg 41	32 MoReg 919	
10 CSR 10-5.220	Air Conservation Commission		32 MoReg 215	This Issue	
10 CSR 10-5.375	Air Conservation Commission		32 MoReg 305R	32 MoReg 1053R	
10 CSR 10-5.380	Air Conservation Commission		32 MoReg 305R	32 MoReg 1053R	
10 CSR 10-5.381	Air Conservation Commission		32 MoReg 306	32 MoReg 1053	
10 CSR 10-5.480	Air Conservation Commission		31 MoReg 1965	32 MoReg 919	
10 CSR 10-6.045	Air Conservation Commission		32 MoReg 1116		
10 CSR 10-6.070	Air Conservation Commission		32 MoReg 139	32 MoReg 1057	
10 CSR 10-6.075	Air Conservation Commission		32 MoReg 139	32 MoReg 1057	
10 CSR 10-6.080	Air Conservation Commission		32 MoReg 141	32 MoReg 1057	
10 CSR 10-6.110	Air Conservation Commission		32 MoReg 976		
10 CSR 10-6.241	Air Conservation Commission		32 MoReg 1118		
10 CSR 10-6.250	Air Conservation Commission		32 MoReg 1119		
10 CSR 10-6.260	Air Conservation Commission		This Issue		
10 CSR 10-6.300	Air Conservation Commission		32 MoReg 538		
10 CSR 20-4.023	Clean Water Commission	32 MoReg 395	32 MoReg 633		
10 CSR 20-4.030	Clean Water Commission	32 MoReg 396	32 MoReg 636		
10 CSR 20-4.061	Clean Water Commission	32 MoReg 396	32 MoReg 638		
10 CSR 20-7.050	Clean Water Commission	31 MoReg 1845	31 MoReg 2049	32 MoReg 1136	
10 CSR 23-3.100	Division of Geology and Land Survey		32 MoReg 320	32 MoReg 1058	
10 CSR 23-5.050	Division of Geology and Land Survey		32 MoReg 322	32 MoReg 1058	
10 CSR 25-2.020	Hazardous Waste Management Commission		32 MoReg 640		
10 CSR 60-13.010	Public Drinking Water Program	32 MoReg 398	32 MoReg 641		
10 CSR 80-8.020	Solid Waste Management		32 MoReg 224	This Issue	
10 CSR 80-8.030	Solid Waste Management		32 MoReg 226	This Issue	
10 CSR 80-8.040	Solid Waste Management		32 MoReg 227R	This IssueR	
10 CSR 80-8.050	Solid Waste Management		32 MoReg 228	This Issue	
10 CSR 80-8.060	Solid Waste Management		32 MoReg 238	This Issue	
10 CSR 80-9.010	Solid Waste Management		32 MoReg 323R		
10 CSR 80-9.030	Solid Waste Management		32 MoReg 241	This Issue	
10 CSR 80-9.035	Solid Waste Management		32 MoReg 242	This Issue	
10 CSR 80-9.050	Solid Waste Management		32 MoReg 323		
10 CSR 100-2.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 42	32 MoReg 925	

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10 CSR 100-4.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 43	32 MoReg 925	
10 CSR 100-4.020	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 43	32 MoReg 925	
10 CSR 100-5.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 44	32 MoReg 925W	
10 CSR 140-2	Division of Energy				32 MoReg 599
10 CSR 140-6.010	Division of Energy		32 MoReg 696		
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 10-3.015	Adjutant General		This Issue		
11 CSR 30-11.010	Office of the Director		32 MoReg 142	32 MoReg 998	
11 CSR 40-5.110	Division of Fire Safety		32 MoReg 841		
11 CSR 45-1.090	Missouri Gaming Commission		32 MoReg 579		
11 CSR 45-5.051	Missouri Gaming Commission		32 MoReg 581		
11 CSR 45-5.183	Missouri Gaming Commission		32 MoReg 581		
11 CSR 45-5.184	Missouri Gaming Commission		32 MoReg 582		
11 CSR 45-5.185	Missouri Gaming Commission		32 MoReg 585		
11 CSR 45-5.265	Missouri Gaming Commission		32 MoReg 587		
11 CSR 45-8.130	Missouri Gaming Commission		32 MoReg 590		
11 CSR 45-9.030	Missouri Gaming Commission		32 MoReg 591		
11 CSR 50-2.400	Missouri State Highway Patrol		32 MoReg 1122R		
DEPARTMENT OF REVENUE					
12 CSR 10-23.170	Director of Revenue		32 MoReg 1031R		
12 CSR 10-23.220	Director of Revenue		32 MoReg 1031R		
12 CSR 10-23.285	Director of Revenue		32 MoReg 1031R		
12 CSR 10-23.295	Director of Revenue		32 MoReg 1031		
12 CSR 10-23.415	Director of Revenue		32 MoReg 1033R		
12 CSR 10-23.460	Director of Revenue		32 MoReg 1033R		
12 CSR 20-3.010	Highway Reciprocity Commission (Changed to 7 CSR 10-25.030)	32 MoReg 521	32 MoReg 541	32 MoReg 1136	
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-32.010	Children's Division		32 MoReg 1122		
13 CSR 40-2.370	Family Support Division		32 MoReg 1033		
13 CSR 40-32.010	Family Support Division	32 MoReg 693	32 MoReg 1123R		
13 CSR 70-3.020	Division of Medical Services		32 MoReg 697		
13 CSR 70-3.030	Division of Medical Services		32 MoReg 698		
13 CSR 70-3.170	Division of Medical Services	This Issue	This Issue		
13 CSR 70-10.015	Division of Medical Services		32 MoReg 700		
13 CSR 70-10.030	Division of Medical Services	32 MoReg 293	32 MoReg 332	32 MoReg 926	
		This Issue	This Issue		
13 CSR 70-10.080	Division of Medical Services		32 MoReg 716		
13 CSR 70-15.010	Division of Medical Services		32 MoReg 593	32 MoReg 1137	
13 CSR 70-15.110	Division of Medical Services	This Issue	This Issue		
13 CSR 70-15.180	Division of Medical Services	32 MoReg 1087			
13 CSR 70-20.031	Division of Medical Services		32 MoReg 335	32 MoReg 926	
13 CSR 70-20.032	Division of Medical Services		32 MoReg 335	32 MoReg 926	
13 CSR 70-20.034	Division of Medical Services		32 MoReg 335	32 MoReg 926	
ELECTED OFFICIALS					
15 CSR 30-51.180	Secretary of State	32 MoReg 399 32 MoReg 400T 32 MoReg 400	32 MoReg 415	32 MoReg 998	
15 CSR 30-52.030	Secretary of State		32 MoReg 1123		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 20-20.010	Division of Community and Public Health	32 MoReg 1087	32 MoReg 1124		
19 CSR 20-20.050	Division of Community and Public Health	32 MoReg 1089	32 MoReg 1125		
19 CSR 25-36.010	Division of Administration		32 MoReg 1125		
19 CSR 30-20.001	Division of Regulation and Licensure		32 MoReg 336	32 MoReg 1137	
19 CSR 30-20.021	Division of Regulation and Licensure		This IssueR		
19 CSR 30-20.080	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.082	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.084	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.086	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.088	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.090	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.092	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.094	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.096	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.098	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.100	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.102	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.104	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.106	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.108	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.110	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.112	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.114	Division of Regulation and Licensure		This Issue		

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19 CSR 30-20.116	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.118	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.120	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.122	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.124	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.126	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.128	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.130	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.132	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.134	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.136	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.138	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.140	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.142	Division of Regulation and Licensure		This Issue		
19 CSR 30-30.010	Division of Regulation and Licensure		32 MoReg 336	32 MoReg 1137	
19 CSR 30-30.020	Division of Regulation and Licensure		32 MoReg 337	32 MoReg 1137	
19 CSR 30-40.410	Division of Regulation and Licensure		32 MoReg 338	32 MoReg 1138	
19 CSR 30-40.430	Division of Regulation and Licensure		32 MoReg 339	32 MoReg 1138	
19 CSR 30-80.030	Division of Regulation and Licensure		32 MoReg 415	32 MoReg 998	
19 CSR 60-50	Missouri Health Facilities Review Committee				32 MoReg 1141 This Issue
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION					
20 CSR	Construction Claims Binding Arbitration Cap				32 MoReg 667
20 CSR	Medical Malpractice				30 MoReg 481 31 MoReg 616 32 MoReg 545
20 CSR	Sovereign Immunity Limits				30 MoReg 108 30 MoReg 2587 31 MoReg 2019
20 CSR	State Legal Expense Fund Cap				32 MoReg 668
20 CSR 500-5.020	Property and Casualty	32 MoReg 401	32 MoReg 416	32 MoReg 1139W	
20 CSR 500-5.025	Property and Casualty	32 MoReg 403	32 MoReg 423	32 MoReg 1140W	
20 CSR 500-5.026	Property and Casualty	32 MoReg 404	32 MoReg 423	32 MoReg 1140W	
20 CSR 500-5.027	Property and Casualty	32 MoReg 404	32 MoReg 424	32 MoReg 1140W	
20 CSR 600-1.030	Statistical Reporting	32 MoReg 1023	32 MoReg 1034		
20 CSR 700-4.100	Licensing		32 MoReg 718		
20 CSR 700-6.350	Licensing		31 MoReg 931		
20 CSR 2030-2.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129		
20 CSR 2030-2.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129		
20 CSR 2030-4.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129		
20 CSR 2030-4.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1130		
20 CSR 2030-5.110	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131		
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 55	32 MoReg 926	
20 CSR 2030-8.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131		
20 CSR 2030-10.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131		
20 CSR 2030-11.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1132		
20 CSR 2030-11.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1132		
20 CSR 2030-16.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1133		
20 CSR 2030-16.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1133		
20 CSR 2030-17.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134		
20 CSR 2030-17.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134		
20 CSR 2030-18.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134		
20 CSR 2040-3.030	Office of Athletics		32 MoReg 719		
20 CSR 2040-4.090	Office of Athletics		32 MoReg 719		
20 CSR 2040-8.010	Office of Athletics		32 MoReg 763		
20 CSR 2040-8.020	Office of Athletics		32 MoReg 764		
20 CSR 2040-8.030	Office of Athletics		32 MoReg 770		
20 CSR 2040-8.040	Office of Athletics		32 MoReg 774		
20 CSR 2040-8.050	Office of Athletics		32 MoReg 778		
20 CSR 2040-8.060	Office of Athletics		32 MoReg 779		
20 CSR 2040-8.070	Office of Athletics		32 MoReg 783		

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20 CSR 2040-8.080	Office of Athletics		32 MoReg 783		
20 CSR 2040-8.090	Office of Athletics		32 MoReg 786		
20 CSR 2040-8.100	Office of Athletics		32 MoReg 786		
20 CSR 2040-8.110	Office of Athletics		32 MoReg 789		
20 CSR 2040-8.120	Office of Athletics		32 MoReg 790		
20 CSR 2040-8.130	Office of Athletics		32 MoReg 792		
20 CSR 2040-8.140	Office of Athletics		32 MoReg 794		
20 CSR 2040-8.150	Office of Athletics		32 MoReg 795		
20 CSR 2040-8.160	Office of Athletics		32 MoReg 795		
20 CSR 2040-8.170	Office of Athletics		32 MoReg 798		
20 CSR 2040-8.180	Office of Athletics		32 MoReg 798		
20 CSR 2040-8.190	Office of Athletics		32 MoReg 799		
20 CSR 2060-1.025	State Board of Barber Examiners		This IssueR		
20 CSR 2070-2.032	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.040	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.050	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.060	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.070	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.080	State Board of Chiropractic Examiners		This IssueR		
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20 CSR 2070-2.081	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-2.090	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-3.010	State Board of Chiropractic Examiners		This Issue		
20 CSR 2070-4.030	State Board of Chiropractic Examiners		This Issue		
20 CSR 2085-3.010	Board of Cosmetology and Barber Examiners		This Issue		
20 CSR 2090-13.010	State Board of Cosmetology		This IssueR		
20 CSR 2110-2.190	Missouri Dental Board		32 MoReg 988		
20 CSR 2110-2.210	Missouri Dental Board		32 MoReg 988		
20 CSR 2120-1.010	State Board of Embalmers and Funeral Directors		32 MoReg 424	32 MoReg 999	
20 CSR 2120-1.040	State Board of Embalmers and Funeral Directors		32 MoReg 428	32 MoReg 999	
20 CSR 2120-2.010	State Board of Embalmers and Funeral Directors		32 MoReg 431	32 MoReg 999	
20 CSR 2120-2.040	State Board of Embalmers and Funeral Directors		32 MoReg 432	32 MoReg 999	
20 CSR 2120-2.050	State Board of Embalmers and Funeral Directors		32 MoReg 433	32 MoReg 999	
20 CSR 2120-2.071	State Board of Embalmers and Funeral Directors		32 MoReg 434	32 MoReg 1000	
20 CSR 2120-2.090	State Board of Embalmers and Funeral Directors		32 MoReg 435	32 MoReg 1000	
20 CSR 2120-2.100	State Board of Embalmers and Funeral Directors		32 MoReg 437	32 MoReg 1000	
20 CSR 2150-3.010	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2150-4.052	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2150-6.020	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2150-9.050	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2200-2.001	State Board of Nursing		32 MoReg 843R		
			32 MoReg 843		
20 CSR 2200-2.010	State Board of Nursing		32 MoReg 844R		
			32 MoReg 844		
20 CSR 2200-2.020	State Board of Nursing		32 MoReg 853R		
			32 MoReg 853		
20 CSR 2200-2.030	State Board of Nursing		32 MoReg 853R		
			32 MoReg 854		
20 CSR 2200-2.035	State Board of Nursing		32 MoReg 854R		
			32 MoReg 854		
20 CSR 2200-2.040	State Board of Nursing		32 MoReg 855R		
			32 MoReg 855		
20 CSR 2200-2.050	State Board of Nursing		32 MoReg 859R		
			32 MoReg 859		
20 CSR 2200-2.060	State Board of Nursing		32 MoReg 861R		
			32 MoReg 861		
20 CSR 2200-2.070	State Board of Nursing		32 MoReg 864R		
			32 MoReg 864		
20 CSR 2200-2.080	State Board of Nursing		32 MoReg 866R		
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20 CSR 2200-2.085	State Board of Nursing		32 MoReg 866R		
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20 CSR 2245-5.020	Real Estate Appraisers		32 MoReg 74	32 MoReg 929	
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20 CSR 2255-4.010	Missouri Board for Respiratory Care		This Issue		
20 CSR 2270-2.021	Missouri Veterinary Medical Board		32 MoReg 992		
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7 CSR 10-25.030 Apportion Registration	32 MoReg 521	August 29, 2007
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10 CSR 20-4.023 State Forty Percent Construction Grant Program	32 MoReg 395	August 30, 2007
10 CSR 20-4.030 Grants for Sewer Districts and Certain Small Municipal Sewer Systems .	32 MoReg 396	August 30, 2007
10 CSR 20-4.061 Storm Water Grant and Loan Program	32 MoReg 396	August 30, 2007
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10 CSR 60-13.010 Grants for Public Water Supply Districts and Small Municipal Water Supply Systems	32 MoReg 398	August 30, 2007
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12 CSR 20-3.010 Apportion Registration	32 MoReg 521	August 29, 2007
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13 CSR 40-32.010 Basis of Payment	32 MoReg 693	September 27, 2007
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13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance	This Issue	December 27, 2007
13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services	32 MoReg 293	August 1, 2007
13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services	This Issue	December 27, 2007
13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)	This Issue	December 27, 2007
13 CSR 70-15.180 Grant to Trauma Hospitals for the Care Provided by Physicians Not Employed by the Hospital	32 MoReg 1087	December 12, 2007
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15 CSR 30-51.180 Exemptions from Registration for Broker-Dealers, Agents, Investment Advisors, and Investment Advisors Representatives.	32 MoReg 400	August 10, 2007
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19 CSR 20-20.010 Definitions Relating to Communicable, Environmental and Occupational Diseases	32 MoReg 1087	January 1, 2008
19 CSR 20-20.050 Quarantine or Isolation Practices and Closing of Schools and Places of Public and Private Assembly	32 MoReg 1089	January 1, 2008
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20 CSR 500-5.020 Medical Malpractice Insurance Rate Filings	32 MoReg 401	August 10, 2007
20 CSR 500-5.025 Determination of Inadequate Rates	32 MoReg 403	August 10, 2007
20 CSR 500-5.026 Determination of Excessive Rates	32 MoReg 404	August 10, 2007
20 CSR 500-5.027 Determination of Unfairly Discriminatory Rates	32 MoReg 404	August 10, 2007
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20 CSR 600-1.030 Medical Malpractice Statistical Data Reporting	32 MoReg 1023	February 28, 2008

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<u>2007</u>			
07-01	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	January 2, 2007	32 MoReg 295
07-02	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	January 13, 2007	32 MoReg 298
07-03	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	January 13, 2007	32 MoReg 299
07-04	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	January 13, 2007	32 MoReg 301
07-05	Transfers the Breath Alcohol Program from the Missouri Department of Health and Senior Services to the Missouri Department of Transportation	January 30, 2007	32 MoReg 406
07-06	Transfers the function of collecting surplus lines taxes from the Missouri Department of Insurance, Financial Institutions and Professional Registration to the Department of Revenue	January 30, 2007	32 MoReg 408
07-07	Transfers the Crime Victims' Compensation Fund from the Missouri Department of Labor and Industrial Relations to the Missouri Department of Public Safety	January 30, 2007	32 MoReg 410
07-08	Extends the declaration of emergency contained in Executive Order 07-02 and the terms of Executive Order 07-04 through May 15, 2007, for continuing cleanup efforts from a severe storm that began on January 12	February 6, 2007	32 MoReg 524
07-09	Orders the Commissioner of Administration to take certain specific cost saving actions with the OA Vehicle Fleet	February 23, 2007	32 MoReg 571
07-10	Reorganizes the Governor's Advisory Council on Physical Fitness and Health and relocates it to the Department of Health and Senior Services	February 23, 2007	32 MoReg 573
07-11	Designates members of staff with supervisory authority over selected state agencies	February 23, 2007	32 MoReg 576
07-12	Orders agencies to support measures that promote transparency in health care	March 2, 2007	32 MoReg 625
07-13	Orders agencies to audit contractors to ensure that they employ people who are eligible to work in the United States, and requires future contracts to contain language allowing the state to cancel the contract if the contractor has knowingly employed individuals who are not eligible to work in the United States	March 6, 2007	32 MoReg 627
07-14	Creates and establishes the Missouri Mentor Initiative, under which up to 200 full-time employees of the state of Missouri are eligible for one hour per week of paid approved work to mentor in Missouri public primary and secondary schools up to 40 hours annually	April 11, 2007	32 MoReg 757
07-15	Gov. Matt Blunt increases the membership of the Mental Health Transformation Working Group from eighteen to twenty-four members	April 23, 2007	32 MoReg 839
07-16	Creates and establishes the Governor's "Crime Laboratory Review Commission" within the Department of Public Safety	June 7, 2007	32 MoReg 1090
07-17	Gov. Matt Blunt activates portions of the Missouri National Guard in response to severe storms and potential flooding	May 7, 2007	32 MoReg 963
07-18	Gov. Matt Blunt declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to severe storms that began May 5	May 7, 2007	32 MoReg 965
07-19	Gov. Matt Blunt authorizes the departments and agencies of the Executive Branch of Missouri state government to adopt a program by which employees may donate a portion of their annual leave benefits to other employees who have experienced personal loss due to the 2007 flood or who have volunteered in a flood relief	May 7, 2007	32 MoReg 967
07-20	Gov. Matt Blunt gives the director of the Department of Natural Resources the authority to suspend regulations in the aftermath of a flood emergency	May 7, 2007	32 MoReg 969
07-21	Orders agencies to evaluate the performance of all employees pursuant to the procedures of the Division of Personnel within the Office of Administration and that those evaluations be recorded in the Productivity, Excellence and Results for Missouri (PERforM) State Employee Online Appraisal System	July 11, 2007	Next Issue
07-22	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan to be activated due to severe weather that began on June 4, 2007	July 3, 2007	Next Issue

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07-23	Activates the state militia in response to the aftermath of severe storms that began on June 4, 2007	July 3, 2007	Next Issue
07-24	Orders the Commissioner of Administration to establish the Missouri Accountability Portal as a free Internet-based tool allowing citizens to view the financial transactions related to the purchase of goods and services and the distribution of funds for state programs	July 11, 2007	Next Issue
2006			
06-01	Designates members of staff with supervisory authority over selected state agencies	January 10, 2006	31 MoReg 281
06-02	Extends the deadline for the State Retirement Consolidation Commission to issue its final report and terminate operations to March 1, 2006	January 11, 2006	31 MoReg 283
06-03	Creates and establishes the Missouri Healthcare Information Technology Task Force	January 17, 2006	31 MoReg 371
06-04	Governor Matt Blunt transfers functions, personnel, property, etc. of the Division of Finance, the State Banking Board, the Division of Credit Unions, and the Division of Professional Registration to the Department of Insurance. Renames the Department of Insurance as the Missouri Department of Insurance, Financial Institutions and Professional Registration. Effective August 28, 2006	February 1, 2006	31 MoReg 448
06-05	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Rx Plan Advisory Commission to the Missouri Department of Health and Senior Services. Effective August 28, 2006	February 1, 2006	31 MoReg 451
06-06	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Assistive Technology Advisory Council to the Missouri Department of Elementary and Secondary Education. Rescinds certain provisions of Executive Order 04-08. Effective August 28, 2006	February 1, 2006	31 MoReg 453
06-07	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Life Sciences Research Board to the Missouri Department of Economic Development	February 1, 2006	31 MoReg 455
06-08	Names the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver	February 7, 2006	31 MoReg 457
06-09	Directs and orders that the Director of the Department of Public Safety is the Homeland Security Advisor to the Governor, reauthorizes the Homeland Security Advisory Council and assigns them additional duties	February 10, 2006	31 MoReg 460
06-10	Establishes the Government, Faith-based and Community Partnership	March 7, 2006	31 MoReg 577
06-11	Orders and directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property and to employ such equipment as may be necessary in support of civilian authorities	March 13, 2006	31 MoReg 580
06-12	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	March 13, 2006	31 MoReg 582
06-13	The Director of the Missouri Department of Natural Resources is vested with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to best serve the public health and safety during the period of the emergency and the subsequent recovery period	March 13, 2006	31 MoReg 584
06-14	Declares a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	April 3, 2006	31 MoReg 643
06-15	Orders and directs the Adjutant General, or his designee, to call and order into active service portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and take such action and employ such equipment as may be necessary in support of civilian authorities, and provide assistance as authorized and directed by the Governor	April 3, 2006	31 MoReg 645
06-16	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 647
06-17	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 649
06-18	Authorizes the investigators from the Division of Fire Safety, the Park Rangers from the Department of Natural Resources, the Conservation Agents from the Department of Conservation, and other POST certified state agency investigators to exercise full state wide police authority as vested in Missouri peace officers pursuant to Chapter 590, RSMo during the period of this state declaration of emergency	April 3, 2006	31 MoReg 651
06-19	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	April 3, 2006	31 MoReg 652

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06-20	Creates interim requirements for overdimension and overweight permits for commercial motor carriers engaged in storm recovery efforts	April 5, 2006	31 MoReg 765
06-21	Designates members of staff with supervisory authority over selected state agencies	June 2, 2006	31 MoReg 1055
06-22	Healthy Families Trust Fund	June 22, 2006	31 MoReg 1137
06-23	Establishes Interoperable Communication Committee	June 27, 2006	31 MoReg 1139
06-24	Establishes Missouri Abraham Lincoln Bicentennial Commission	July 3, 2006	31 MoReg 1209
06-25	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	July 20, 2006	31 MoReg 1298
06-26	Directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	July 20, 2006	31 MoReg 1300
06-27	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	July 21, 2006	31 MoReg 1302
06-28	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	July 22, 2006	31 MoReg 1304
06-29	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	August 11, 2006	31 MoReg 1389
06-30	Extends the declaration of emergency contained in Executive Order 06-25 and the terms of Executive Order 06-27 through September 22, 2006, for the purpose of continuing the cleanup efforts in the east central part of the State of Missouri	August 18, 2006	31 MoReg 1466
06-31	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	September 23, 2006	31 MoReg 1699
06-32	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	September 26, 2006	31 MoReg 1701
06-33	Governor Matt Blunt orders all state employees to enable any state owned wireless telecommunications device capable of receiving text messages or emails to receive wireless AMBER alerts	October 4, 2006	31 MoReg 1847
06-34	Governor Matt Blunt amends Executive Order 03-26 relating to the duties of the Information Technology Services Division and the Information Technology Advisory Board	October 11, 2006	31 MoReg 1849
06-35	Governor Matt Blunt creates the Interdepartmental Coordination Council for Job Creation and Economic Growth	October 11, 2006	31 MoReg 1852
06-36	Governor Matt Blunt creates the Interdepartmental Coordination Council for Laboratory Services and Utilization	October 11, 2006	31 MoReg 1854
06-37	Governor Matt Blunt creates the Interdepartmental Coordination Council for Rural Affairs	October 11, 2006	31 MoReg 1856
06-38	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Employee Career Opportunity	October 11, 2006	31 MoReg 1858
06-39	Governor Matt Blunt creates the Mental Health Transformation Working Group	October 11, 2006	31 MoReg 1860
06-40	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Service Delivery Efficiency	October 11, 2006	31 MoReg 1863
06-41	Governor Matt Blunt creates the Interdepartmental Coordination Council for Water Quality	October 11, 2006	31 MoReg 1865
06-42	Designates members of staff with supervisory authority over selected state departments, divisions, and agencies	October 20, 2006	31 MoReg 1936
06-43	Closes state offices on Friday, November 24, 2006	October 24, 2006	31 MoReg 1938
06-44	Adds elementary and secondary education as another category with full membership representation on the Regional Homeland Security Oversight Committees in order to make certain that schools are included and actively engaged in homeland security planning at the state and local level	October 26, 2006	31 MoReg 1939
06-45	Directs the Department of Social Services to prepare a Medicaid beneficiary employer report to be submitted to the governor on a quarterly basis. Such report shall be known as the Missouri Health Care Responsibility Report	November 27, 2006	32 MoReg 6
06-46	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	December 1, 2006	32 MoReg 127
06-47	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	December 1, 2006	32 MoReg 129

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06-48	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	December 1, 2006	32 MoReg 131
06-49	Directs the Department of Mental Health to implement recommendations from the Mental Health Task Force to protect client safety and improve the delivery of mental health services	December 19, 2006	32 MoReg 212
06-50	Extends the declaration of emergency contained in Executive Order 06-46 and the terms of Executive Order 06-48 through March 1, 2007, for the purpose of continuing the cleanup efforts in the affected Missouri communities	December 28, 2006	32 MoReg 214

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